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OF SOME MEANS USED IN THE TREATMENT OF PULMONARY CONSUMPTION.

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By William Ingalls, M.D., Boston.

Whether we have genius to originate new methods of treatment of disease, or industry and acumen to gather from masters, or from those whom we may consider such, their propositions and dicta, and so adapt them to the cases which present themselves to us for our care, I presume the accumulation of testimony as to the efficacy or inertness or actual harm of certain methods or materials used, is a positive benefit to humanity through our profession. In this communication there will be nothing original, but what is written has been put to the proof.

Of the cases of consumption that have been under my charge within or during the past ten years, I have selected two to report to-night which are the opposites of each other; the first is somewhat at length, the second in brief, and they form the basis of my subject.

In February, 1855, Mrs. B., an Irish widow, resident in this country for fifteen years, and for six or seven of them in Winchester, about 45 years of age, mother of several children, came under my care. She had been a rather hard-working woman all her life, but has always been able to "pay her way and get along comfortably"; "has enjoyed a fair degree of health up to New Year." About the first of January, after imprudent exposure in sloppy weather during Christmas week, she was seized with "chilly turns" and pains in limbs and chest, with, at first, moderate cough, which became, during January, irksome by night as well as by day, with failure of appetite and irregularity of bowels and loss of flesh and strength.

I found her in bed, presenting plumpness of body and limbs, but not firmness of flesh, with considerable emaciation of temporal region and cheeks, which latter were flushed during the first part of my visit and became rather pale during the remainder; the eyes glistening, sclerotica pearly; tongue not clean; pulse 114 at first, after wards at full 96. Condition of catamenia could not be made out clearly, but during the last three months there had been irregularity of some kind. Color of hair black. Eyes very dark brown. Patient agitated and by no means hopeful, a condition of mind strengthened by the inconsiderate babble of her immediate friends and neighbors.

There was dulness of percussion at *both* subclavicular regions—extending a little lower on her right than on her left—some flattening of the walls of the chest below the clavicles, not very marked on left side; bronchial voice; mucous crepitation on right, not made out on left side.

The cough, more particularly at night, was said to cause much expectoration, but of this I had no evidence as to quantity or quality. "Sweat like rain" during night.

The room in which this woman was, was in the second story of a wooden frame building, occupied by her married daughter day and night, and by the husband at such times as he was not at work, and by three children. Precisely what the sleeping arrangements were I could not discover, but they all slept in the same room; a cooking stove, upon which the whole cooking of the family was done, chairs, and two tables, upon which, always, there were the *débris* of a meal, formed the furniture of the room, and the clothing of these young people was hung upon the walls. The situation of the house was unexceptionable, being on the side of a gravelly hill, high, dry, airy and sunny.

In my mind, this poor woman was doomed to death before the opening of the coming summer. She was, however, urged to adopt a certain course of treatment, and assiduously watched and cared for and guided, and the interest of some of her neighbors, the kindest people in the world, being engaged, the care of her medical attendant was much lightened. The management was as follows:—

She was induced to discard the heavy and impervious cotton comforter, so called, which helped to exhaust her strength every time she moved or turned over in bed, and substitute blankets, the best at command; the windows and doors were opened for half an hour several times a day, and this was a difficult thing to bring about; a mild anodyne at night, and a tonic two or three times a day, helped to restore the appetite, for which "extractum carnis" was supplied, and this, for a while, was her principal nourishment; also, after a time, other food of a more wholesome quality than that to which she had been accustomed was supplied. During February there were some pleasant days, and it was seen to that she sat up, at first for a few minutes, by degrees for half an hour, and finally, before the month was out, for two hours at a time.

There was a gradual improvement towards health, so that in the following autumn she resumed her usual avocations, viz., the care of her own family of two young men and a daughter; but during the two following years she complained of a pain in the hepatic region whenever she met me; as she seemed strong and in good case, I took not much notice of it. She is quite well and hearty at this date.

CASE II.—In October, 1861, I took charge of a young lady, 20 years of age, who could command anything that great wealth and unbounded family affection could yield. The father and one sister died of consumption. Up to the age of 18, ambition, unwisely stimulated by her friends, led her to get and maintain the highest rank in all the branches taught at her school. At this age she quite "broke down" in health. During the twenty months of illness preceding my first visit, she had tried various means and systems for relief. In person she was rather tall, with fair hair and blue eyes; generally emaciated, with variable appetite, and much harassed by cough, particularly in the night.

There was flattening of the chest walls, more evident on the upper left front than on the right; on the left there were blowing inspiration and expiration, with gurgling; on the right upper front there was crepitation; percussion could not be practised on account of the pain it gave; near the base of the right lung there was exaggerated respiration, with here and there remote crackling. But the prominent feature of this case was the utter want of interest in anything. It is true she carried out, as faithfully as possible, all the suggestions and requirements of her attendant, such, for instance, as going to ride daily; was even carried in arms to the carriage many times, when she could not walk through weakness. It seemed as though all the ambition and energy of her character had been expended in her school days. Every means that could be thought of were tried to arouse her from her apathy, but in vain. She died in November, six weeks from my first visit, and about twenty-three months from the development of the disease.

Within my knowledge there have been many consumptives who have felt themselves doomed to a brief existence, after having subjected themselves to a careful examination, upon being told that if they take exercise in the open air, use nourishing food, and friction to the chest, they have about all the advice that is necessary. Sometimes awkward questions have been asked, answers to which have been stumbled over, and the matter complicated and made worse.

I believe this to be entirely wrong. I believe the truth should be spoken in these as in all other cases. I do not believe that the truth uttered in these cases will shorten life by a day. Have we nothing to say, truthfully, besides the bare assertion, "You have consumption"? Shall we, by word, or look, or manner, cut off all hope from these victims? Is it not possible for us to say, "although you have such and such a condition of the lungs, yet the resources of our art are great, and you may live longer than the old-fashioned doom of eighteen or twenty months"?

The very beginning of the treatment is at and with the first interview and examination. It will not do, and it is not right, to be careless in the least degree. Of the whole list of diseases we are called upon to treat, no one makes a more powerful demand upon the tact, ingenuity and skill, as well as upon the fortitude and patient endurance and general kindliness of the practitioner than consumption. The first care, then, of the physician should be to win the entire confidence of the patient, so that it shall be unswerving; so it should be in all cases, but in this more than any other, for we have to contend, not merely with the disease, but with the variable and oftentimes exacting and unreasonable disposition that accompanies it. The natural disposition being amiable, for one instance in which it is maintained throughout the disease, especially in protracted cases, there will be nine in which it will become peevish, fretful and complaining, sooner or later, and nothing will suit them.

Confidence having been established, unflagging interest in the patient and the case must be evinced quite to the end, and this involves the necessity of the exercise of such tact and ingenuity as each practitioner may be possessed of—tact in withholding or continuing, and ingenuity in changing, so that no harm may come of it. Such an interest is a solemn and difficult task for the physician.

Thus far it may be said the moral elements of the treatment have been advanced, and I must say once more, that they are of the first importance and should be emphasized.

In the first case reported, the means taken to secure sunlight, air and exercise were mentioned. The only drugs used were, for a few nights at bedtime, five grains of Dover's powder, and even with this the report was, "a moderate perspiration," instead of "sweat like rain," and I was convinced the change from the impervious quilt to blankets was a good one for her.

Constipation existing, there were administered pills, each containing one half a grain of ipecac, with one sixth of a grain of calomel, one to be taken every eight hours until there should be an operation from the bowels. The Dover's powder was omitted. After the sixth pill there was the desired effect, and, later still, at any time when occasioned required, one of the pills taken at bed time would secure a response next morning.

Meanwhile, during the two weeks of the treatment just mentioned, she was supplied with "extractum carnis" at specific hours and in certain quantities, and of this I shall speak below.

At this time she began to take a tonic consisting of strong infusion of gentian f ʒ i., with two drops of nitric acid to a wineglass of sweetened water, before each meal time. In the last week in March she began to take cod-liver oil, and continued it for six weeks. During the month of August she again took the oil.

I may say here that I stopped the customary Saturday afternoon floor-washing, and caused to be substituted a tri-weekly process of dry floor-cleaning.

Of the second case, I need not say more than that every means were taken to arouse the patient from her apathy, but in vain. I have cases of lung cavity of long standing, but they are in subjects whose pluck and will are consonant with the interest of the attendant.

I am not ready at the present time to give it as an opinion that consumption, in every instance in which it becomes developed, has always existed in the subject as a diathesis, for we occasionally meet a person among whose ancestors and family connections the disease has been unknown, and who, up to the time of some specific cause of failure in health, has, so far as can be recalled, enjoyed an uninterruptedly excellent physical condition. I cannot yet defend this as an opinion, but I advance it as a strong impression that such is the fact; and with this impression or hypothesis, I now come to some of the causes of the development of the disease, that I may introduce what I have to say about nourishment.

A great proportion, if I may not say all the consumptive patients who have fallen under my care, have declared themselves to be or to have been "not good livers," if the expression may be allowed; hence dyspepsia is rife among them, and this is one of the grand roots of the disease. That they are not good livers, may be accounted for by various causes. Poverty need only be mentioned as one. In many families there is a mistaken economy which leads the providers to procure the cheaper meats, butter, and so forth, so that, although there may be an abundance, yet it is partaken of at the expense of the digestion. What seems to be a "national fault," "bolting the food," is a fearfully frequent cause of dyspepsia. Horrible bread, made with drugs, which of themselves are not always of the purest, is another. Appetite may by degrees fail for even the best and most attractive food, as the first symptom of the yet unknown, unsuspected development. The digestion being impaired by the above-named causes, proper nutrition cannot be afforded, and if the consumptive diathesis exists in never so small a degree, it will assuredly be developed by this faulty nutrition. Briefly, it is not necessary, and it would be almost impossible, to enumerate all the causes of derangement of the digestive organs; there may be added to those already mentioned the custom of many who sleep in little bed-rooms under impervious bed-quilts, thereby having to fight every morning against a languor and unrest which they cannot account for, so as to get to their early labor or business; unrefreshed by sleeping in an unwholesome atmosphere, with their tongues thick and pasty, how can they partake with cheerfulness of such a breakfast as they ought, to fit them for their avocations? Others, for the most part delicate females, are possessed of a fastidious daintiness which leads them to abhor anything like rich, juicy meats. We have mentioned quite enough.

If good and sufficient nourishment is of very great importance in the prophylaxis of consumption, the condition of the digestive organs during the disease demands our constant and, I might almost say, our sole care, for, as Chambers says, "if the supplies are cut off, what can sustain the forces?" Those instances in which the appetite is entirely wanting, so far as their stomachs are concerned, are to be looked upon as infants; and they require the same kind of management, with this difference: the invalid must be directed, coaxed, perhaps stimulated to take nourishment; the infant sucks its own, and does so with avidity; but both should begin, the one treatment, the other life, with milk. As the well-ordered infant during its first six or eight weeks should be presented with the breast every two hours, with the exception of the five, six, or even eight night hours in which it is or may be sleeping continuously, the stomach resting meanwhile, so let us present to the failing consumptive—do not let us say, "you had better take a little milk occasionally"; prescribe, let us prescribe—two ounces of milk to be drank slowly every two hours from six in the morning until eight in the evening. Thus the patient gets one quart of milk in fourteen hours. To quote Chambers once more: "Nutrition has a habit like that of arguing in a circle; food creates the desire for food—of course by strengthening the digestive organs, and thus, after a few days of milk diet, the patient will ask for meat." I have not found this last assertion to be quite literally true in my cases, but I have found, most generally, that I could by degrees prolong the intervals of giving the milk so that I could introduce other nutriment alternately with it, or suspend it altogether for other articles.

It seems natural at this point to speak of the great efficacy of cream, given in these cases, or at those periods in such cases, in which cod-liver oil cannot be swallowed, even by the exercise of a very powerful will, or if it is, there is vomiting or a perpetual flavor of it in the mouth, that utterly defeats the object for which it is administered. Again, there are some who will take oil for four or five weeks and then, beginning to experience approaching disgust to it, are obliged to give it up for a time. It is in these cases that I have found cream of signal advantage. In the first-mentioned cases there is a natural disgust, an abhorrence to anything oleaginous, and it requires address and persuasion to get them to take even cream. I have succeeded best by offering a small cupful, say four ounces, in the middle of the forenoon and also of the afternoon, with a teaspoonful of brandy, of best quality if it can be obtained, or of whiskey; but brandy is the best for the purpose—sometimes two teaspoonfuls may be taken.

For several years I had been educating a number of consumptive patients, as well as others who were anæmic from different causes, in the art of taking proper and sufficient nourishment; beef, roasted or boiled, to be sure, but going through the process in such a manner that it was only saved from being called raw because of it, being the burden of my teachings, when, in 1857, I read in the Boston Medical and Surgical Journal an article by Dr. Bowditch upon the custom of certain hunters who used, with advantage, raw pork upon their expeditions; and the hint derived therefrom led to my peculiar treatment of the following case of acute dysentery, and after this case to my offering raw beef to many consumptives and others.

In 1859, during September, I attended a beautiful child, with severe acute dysentery. On the fifteenth or sixteenth day there were good reasons for believing convalescence had fairly begun, but on the eighteenth or nineteenth there was a palpable relapse. I caused a quantity of raw beef, of the best quality, to be cut up by a very sharp knife, so that it became a pulp instead of a minced meat. A very little salt being mixed with it, two heaping teaspoonfuls of this pulp, placed upon a small plate, were set by the mother before the child without seeming to care whether the little girl partook of it or not. In a few minutes the little fingers were dipped into the pulp, which, of course, was immediately conveyed to the mouth. Within ten minutes the whole of the pulp was eaten. This was in the middle of the forenoon; in about six hours the same quantity was taken, and also again in eight hours. This plan was continued during three days, for there was a manifest improvement in the disease; but on the fourth day there was an evident disinclination to take the pulp, although some portion was taken, and also milk on this day. On the fifth day no inducements availed for the child to touch or even to look at the pulp. She went steadily on to perfect health; she took nothing, during the three days mentioned, besides the beef-pulp, but, occasionally, a drink of fresh, cool water.

In anæmia from other causes than that of pulmonary disease, as well as in consumption, the virtue of raw-beef pulp, sometimes with, and sometimes without alcohol, has, in my experience, been most signal in making red blood. From many recorded cases, I will give extracts from one which will do more in illustration than twenty pages of eulogy. A lady, 32 years of age, whose mother and an only sister died of consumption, had been under my charge more than eight years, in September, 1865. A large cavity in the upper right lung had been observed for five years, and a smaller one in the left upper for between three and four years; tubercles studded the remainder of the lungs, but there were less in the lower right than elsewhere. Up to the summer of 1864 there had not been much emaciation, but the limbs were always soft. From that time gradual emaciation of the limbs and body supervened, although the face and temporal region remained full and fair up to the time mentioned (September, 1865). Profuse night sweats and expectoration, and consequent loss of sleep therefrom; disgust for all sorts of food or nourishment; a dreadful sense of lassitude from weakness; these were the symptoms which at last caused the bloom and freshness of the countenance to give place to pallor and wanness, and to a glistening of the eyes, which seemed much larger than natural. I may not say that hope had fled, but I do know that she was perfectly resigned to go or stay, as the case might be.

Some beef having been reduced to a pulp, all the bits of membrane and other extraneous matter being carefully picked out and a very little salt mixed with it, three pellets, each of the size of an ordinary marble, were presented to my patient at 7, A.M., of which she ate two, and afterwards drank of whiskey one ounce and water two ounces. Three pellets, followed by the whiskey, were eaten at 11, 3, 7 and 11 o'clock. This was on the 20th, and on the 27th she rode half a mile and back. By the middle of October the amendment was so considerable that she expressed herself as feeling a kind of shock at coming back to life. It must not be supposed that when improvement began she was confined solely to the beef-pulp. She was induced to eat a squab, nicely broiled, or a woodcock, or a piece of rare roast beef—sometimes drinking a cup of cream and brandy. Care was taken that she should not become disgusted with the pellets of raw beef, for I believed it was to be her sheet-anchor during the remainder of her life, and it was. She lived until the end of 1866.

It may be said that all this might have been done by cod-liver oil. I fully recognize the virtues of this oil, but this patient had taken it a great many times during my long attendance upon her, and it was only by the exercise of her will that she could swallow it; she never could overcome her disgust to it. Who can describe how great a blessing the beef was to her!

Let me speak well of Liebig's formula for "extractum carnis," viz., "a pound of finely chopped beef to be put into a pint of cold water, which is by degrees to come to the boiling point; boil four or five minutes and strain." Take it for all in all, this is the best liquid nourishment I have ever used; his extract of beef, made near Buenos Ayres, according to his own formula, I have never seen. "Borden's extract of beef" is good and highly nutritious; with boiling water, in a moment, a teacupful or a gallon may be made.

At a future time I may urge what I believe to be the true mode of life for the class of patients under consideration, viz., "tent life." I will say nothing upon the subject of "exercise in the open air" farther than this, for we all know all about the importance of directing it. Does any one of us, in the full vigor of health, with an avocation which calls us out of doors at all hours and in all kinds of weather, know what it is to the invalid, weakened in mind as well as body, to go out for a daily walk? A majority of our patients cannot command a drive twelve times in a year. A little walk of two, three, or even five or six directions, becomes irksome from the sameness. If there is nothing but duty to themselves to call them forth, we must create an emergency for them; it is pretty well if they will go out, bravely, through this sense of duty; but there are plenty of objects for them to become interested in among the poor and distressed—a garment to one, a bottle of wine to another, a word of comfort to any or many, even although it may be from one poor person to another.

This paper, I fear, is already too long for the occasion. I would speak of the blessings of opium, which I give in small and repeated doses until the proper effect is produced, then stopping it until it is again required; of preparations of iron, of which the best is the tincture of the chloride, but of which every one gets tired very soon, and of a certain combination, as, for instance: ℞. Pulvis ferri, gr. ½–iss. (by hydrogen); sulph. quiniæ, gr. ¼–i.; ext. nucis vomicæ, gr. ¼–i.; ext. hyosciami, gr. ss.–i. M., for a pill to be taken one, two or three times in twenty-four hours, *p. r. n.* This I am in the habit of calling a tonic—a food for the blood, and not a medicine—and it is always taken an hour after eating. I would speak of the tincture of veratrum viride, which even in hectic fever calms the action of the heart; of my many trials of oxide of zinc to check the night sweats, which have seldom succeeded; physical strength increasing, the night sweats diminish in proper ratio; of how, long, long ago I abandoned the train of expectorants—squills, antimony and the like—using only, when something of the kind is demanded, ipecacuanha. There is one formula for an expectorant, however, I will offer: ℞. Syr. ipecac., syr. senegæ, āā f ℥ iss.; syr. cimicifugæ, f ℥ iv.; tr. lobeliæ, f ℥ i. M. One teaspoonful of this mixture for a dose, *p. r. n.*

Upon external applications, also, I would like to enlarge, for, especially in protracted cases, they are demanded, not only for the pains arising from the dyspeptic troubles, but for the chest-pains, and also as derivatives; in these, opiates are not always sufficient. Mustard is of essential service—strong tincture of iodine in some conditions; various liniments are also in use and are good. The following, I think, I learned from Dr. Wyman: ℞. Ol. monardæ, acid. acetici, tr. cantharidis, p. e. M. It never vesicates, is always stimulating, and ultimately soothing.

My observations of the benefit derived from the inhalation of certain substances by their nebulization are yet too crude for me to say more than that I have reason to place great confidence in their efficacy. I have used in this way iodine, tannin, nitrate of silver, and hope, at a future time, to report concerning these and other substances administered by this process.

Excepting certain cases of limited subclavicular tuberculosis, discovered at an early stage and treated judiciously, it may be said consumption is never cured. I have it in my power to assert, however, that in quite a goodly proportion—I cannot now give statistics—even in those in which cavities have been formed, life may—and with some still is—prolonged and rendered useful; and as to treatment, the deductions from what has gone before may be summed up as follows:—Excite and keep alive hope. Stimulate, if you can kindle it, pluck—pluck to endure, with a determination to live and be useful. Make the invalid fearless of the sun and air and of the weather generally. Let there be occupation for the mind; if possible, let it not dwell on self. Attend to the digestive organs, and keep them in such order that nourishment of the most red blood-making kind shall be taken in sufficient quantity. The physician may be earnest, wise, skilful; unless he acquires the hearty coöperation of the patient in assiduously trying to restore that which has become impaired, he will labor in vain.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A STATED quarterly meeting of the Norfolk District Medical Society was held at City Hall, Roxbury, Jan. 16th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The records of the last meeting were read by the Secretary, Dr. Jarvis, and approved.

The Censors reported that they had examined and accepted Dr. C. C. Hayes, of Hyde Park. Dr. Hayes, being present, signed the By-laws, and was introduced to the Society by the President.

The President showed some splints made and used by himself since the last meeting, after the plan of Dr. Campbell (see this JOURNAL, Nov. 22d, 1866, p. 346), of book-cover and hoop-iron; one for Colles's fracture of the radius, treated according to Velpeau's method, by strong flexion of the hand—to which treatment the splint was admirably adapted by its lightness and strength.

The President also showed Dr. Sheraton's steel rotary fillet, which he had just received from London—an instrument intended to supersede the forceps in some cases of labor requiring instrumental aid.

A letter was read from Dr. Nelson, of Bellingham, regretting his inability to attend the meetings of the Society, in which he expressed a lively interest—adding that, "Seventy years would not keep me from attendance, had not a severe injury years ago nearly disabled me. I practice what I do," said he, "from pecuniary necessity."

Thereupon the President made an earnest appeal in behalf of the Massachusetts Medical Benevolent Society, which was instituted, a few years ago, to assist aged and needy physicians, and the families of such as might be left destitute, and urged the members to join or otherwise interest themselves in increasing its funds. Subsequently, four members offered their names for life membership, and others intimated a readiness to join the Society.

In the absence of the author, Dr. Robinson, of Roxbury, read a paper written by Dr. Noyes, of Needham, on the Botany of the County, in which he advocated the use of native plants, all around us, which he specified, instead of foreign ones that were no better.

Voted, unanimously, on motion of Dr. Burgess, of Dedham, that the thanks of the Society be presented to Dr. Noyes for his interesting, instructive and timely paper.

Dr. Robinson also read a letter from Vienna, by Dr. D. F. Lincoln, formerly a member of this Society, now of Edinboro' St., Boston, giving a detailed account of the practice and teaching of midwifery in Vienna. The letter was listened to with great attention and interest.

Dr. Faulkner, of Jamaica Plain, read an elaborate paper on Weaning, the time and conditions best for it in mother and child. This paper was a succinct *résumé* of medical opinions, former and recent, of foreign and of experienced practitioners in the immediate neighborhood, together with his own well-considered conclusions and opinions.

Dr. H. R. Storer, formerly a resident of the County, and now present by invitation, said he had been greatly interested in the paper. It had stated the case as regards the child to complete satisfaction, but that the case of the mother might have been urged a little stronger perhaps. The time of weaning ought to have reference to, and to coincide with that of the menstrual period, which could be readily calculated.

Dr. Burgess remarked that the members would find a very excellent receipt for the child's food, after weaning had been determined on, in Mrs. Cornelius's Cook-Book, Ed. 1866, p. 211. He made this statement from personal experience.

Dr. Salisbury, of Brookline, read a case of Ovarian Disease in his practice, in which ovariotomy was successfully performed by Dr. Storer.

Dr. Storer said that ovariotomy was so common a practice that it was hardly worth while to report cases ; and it was now recognized as an ordinary procedure of legitimate surgery. Among other statements regarding the success of such operations, Dr. Storer gave it as his opinion that metallic sutures should be employed, and never silk or thread. The clamps he had invented he thought were of great importance. Also, that it was advisable to leave the abdomen open a long time to secure against hæmorrhage.

Dr. Adams, of Roxbury, read a paper on Excision of the Joints for Traumatic Causes—deducing the practical conclusion that the operation was highly useful in upper, but not adapted to the lower extremities.

The volunteered papers having been read, it was voted to take up the discussion of the question assigned for the meeting—the hour for adjournment by general assent being first fixed at 2½, P.M.

The President announced the subject of discussion to be, "Are the Constitutions of our Women degenerating? If so, what is the Cause?"

Dr. Jarvis, of Dorchester, by appointment, opened the discussion with a paper, based chiefly on statistics, leading to the conclusion that female health and strength had not degenerated, but in many respects were better than in past generations.

Dr. Mann, of Roxbury, followed. He believed that degeneracy in woman would certainly appear in her children, and he adduced many arguments to show that children were never so healthy and strong as now. Statistics of the late war show that our boys are not of degenerate stock, and that their sisters were their equals in energy, labor, and devotion to the cause.

Dr. Munroe, of Medway, differed from the gentlemen who preceded him. In his view, there is great degeneracy. Special diseases are frequent, and appliances for them were almost as common as other articles of the toilet. He attributed much of this to the more luxurious habits, warmer houses, and lighter work of the present day. As he saw it, the air-tight stove was the most "infernal machine" ever invented. Children are too often brought up to do nothing but to idly pass their time, or perhaps to give too much attention to study and the acquirement of fashionable accomplishments, rather than to work. Life now-a-days is too much a life of excitement, and necessarily damages the constitution of women. Lastly, much injury is done by methods so commonly in use to prevent maternity.

Dr. Tucker, of Stoughton, related a case illustrating the last point mentioned.

Dr. Alden, of Randolph, a practitioner of fifty-six years, said that, having given the subject much attention heretofore, he was inclined to think that there is no degeneration; on the contrary, a perceptible improvement. Women are stronger and healthier, more active and enduring, better educated, better dressed (in spite of what may be said of the fashions), and, on the whole, have made an advance, mentally and physically, over their predecessors of olden time. If there are exceptions, it may be due to some local cause, or some change of employment. Smaller families spoken of do not prove degeneration—people marry now at a less early age than formerly. He had witnessed the incoming of the "modern improvements"; even the much berated close-stove is better for warming apartments than the old method of great fires which roasted on one side while the other was freezing. Better built and warmer houses do not, in his opinion, cause degeneration of the race.

Dr. Waldock, of Roxbury, said that a woman has a right to use her own judgment, her truest and best, as to the number of children she should have, as much as she has to decide about anything else that intimately concerns her. It is the neglect of this that produces so much disaster to her, and leads to those practices which have been so justly condemned.

The hour for adjournment having arrived, after a few remarks from Dr. Storer expressive of his satisfaction in being present at so interesting and animated a meeting, a hearty approval of his friend Dr. Waldock's positions, and a recital of some of the "naughty doings" which his specialty brought very prominently to his notice, the Society adjourned and went, by invitation, to the house of the President, where a collation was provided for them.

In the course of the afternoon, Mr. Low, the maker of the hygrodeik, an instrument designed to indicate the exact amount of moisture in the atmosphere, showed the instrument and the method of using it. Considerable interest was awakened, and a committee designated to make some observations with the instrument and to report at a future meeting. Also, to report, so far as practicable, what amount of absolute vapor is best in particular diseases (croup, for instance), so far as opportunity may be given.

The President also showed a number of specimens of Guaranà, brought from Brazil; among the rest (a present from Mrs. Agassiz), of a very artistic serpent, quite worthy of Æsculapius, representing the jararàca, the most poisonous of Brazilian snakes—made by the Mauès Indians. He said that these Mauès Indians, living between the upper Tapajos and Madeira Rivers, are the principal or only tribes who manufacture the guaranà, which, when prepared, resembles in appearance common chocolate, but is much harder. It is made of the fruit or seeds of a plant (Paullinia sorbilis) variously described by travellers, none of whom appear to have seen it *in situ naturali*, as a small tree, about eight feet high when full grown, like a coffee plant—a low, wide-spreading tree—and a climbing plant. It bears berries or beans, somewhat larger than coffee berries. These are roasted, ground, mixed with a little water, made into various shapes, and dried to hardness in an oven. Grated and dissolved in water, or lemonade, it is highly esteemed as a refreshing and stimulating drink. It is much used by the inhabitants of Matto Grosso, and often to such excess as to produce great and lasting tremulousness. It is much used, also, throughout the interior and other provinces of Brazil as a remedy in diarrhœa and intermittent fevers. "The guaranà," says Mr. Fletcher, "is a medicine; and it is a curious fact that when the Indians of that distant region give form to any substance which they consider a *remedio*, they invariably give it that of a serpent. O sons of Æsculapius, explain this!" In commerce, however, it appears in various forms. A solution was made for the company present, and such as "took a drink" found it not unpalatable.

At early night-fall the members dispersed, apparently satisfied with the day's experience.

Bibliographical Notices.

Annual Report of the Trustees and Superintendent of the Maine Insane Hospital.

The Trustees report that they have visited the Hospital monthly, as required by law, seeing at each visit every patient and inspecting every apartment of the buildings; also, the farm, garden and orchard, so that no department is neglected or overlooked. At each visit a record is made in a book, kept for that purpose, stating the condition of things, and they say, "according to these records, the affairs of the Hospital have been managed, as in previous years, with remarkable care, ability and good judgment on the part of the Superintendent, and with like faithfulness on the part of the other officers and their assistants."

The new wing for females, which was in progress of erection last year, has been completed, furnished and occupied, relieving the crowded state of the female wards. The addition was built and furnished at a cost of $51,480.46, leaving a balance of $19.54 of the appropriation to be returned to the treasury of the State! Such close estimates and expenditure are not often made in the construction of public buildings. The State has reason to congratulate itself in having a committee of such rare qualifications for office. They need a new wing for the males, similar to the one just completed, to afford them ample accommodations, and render the hospital symmetrical in proportion. They also ask for a new laundry, "though reluctant to refer to any other department requiring an outlay at this time."

The Superintendent, Dr. Henry M. Harlow, reports the whole number of patients at the commencement of the year, December 1st, 1865, to be 277—143 males and 134 females. There were admitted during the year, 135—75 males and 60 females—making a total of 412 patients under treatment during the year—218 males and 194 females. Whole number discharged, 136. Of these, 83 were males and 51 were females, leaving in the Hospital at the end of the year 276—133 males and 143 females--one less than the number at the beginning of the year.

The condition of those discharged was as follows :—Recovered, 61—39 males and 22 females; improved, 29—19 males and 10 females; unimproved, 13—8 males and 5 females; died, 33—18 males and 15 females.

Of those admitted and died there was an unusual number of aged persons. "Six of those who died had passed their three score and ten years, four were over the octogenarian, and one was well nigh the centennial line when release from bondage came."

Causes of death—Consumption, 10; diarrhœa, 5; old age, 4; congestion of brain, 3; general paresis, 3; epilepsy, 4; exhaustive mania, 1; dropsy, 1; and one man and one woman died of suicide—the former by drowning, the latter by hanging.

The most prominent cause of insanity in those admitted, the Superintendent finds to be "ill health," and he says, "every year we spend with those of 'minds diseased' leads us more fully to the conviction that greater care and watchfulness over the physical part of our nature would lessen surprisingly the number who annually fall victims to this worst of human ills." "The rules of hygiene are so wofully neglected and disregarded by all classes and in all conditions of men, that it is no marvel to see the vast number of wrecks afloat on all sides. The conventionalities of society are but stepping stones over which the young scramble to find themselves, too soon, in some institution for the insane or at the brink of an early grave."

The Superintendent devotes some space to remarks on suicidal insanity, and gives the whole number treated at that hospital in a period of twenty-six years as 339. Of these, only six have been successful in their attempts to take their own lives. He adds :—"That statistics show that more men commit suicide than women, and that more unmarried women kill themselves than married, and that a greater proportion of married men and women take their own lives than the reverse." There must be some mistake in the wording of the above, as there are more married than unmarried women. If more unmarried women commit suicide than married, it is difficult to understand how the *proportion* of suicides can be greater among the latter than the former. C. K. B.

Northampton, February 1st, 1867.

City and Country Population of England.—According to the Registrar-General, in 1861 the population of England living in the cities and large towns amounted to 10,930,841; of those living in the country and in small towns, 9,131,386.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 7, 1867.

EDITORIAL CHANGE.

It will be a source of deep regret to our readers, in which we share most heartily ourselves, that the connection of the Junior Editor with the Boston Medical and Surgical Journal terminated with the volume just completed. For nearly five years he has most ably done his part of the editorial labors, and in dissolving the agreeable relation which has united them, his associate would most gratefully express his sense of the great obligation under which he has been placed by his diligent and enlightened coöperation. The greatly increased burden of professional duties, growing out of his new position as Adjunct Professor of Chemistry in Harvard Medical School, has compelled Dr. White to leave us. We have some consolation in the thought that what is our loss is others gain. The department of Medical Chemistry, to which he will specially apply himself in his Professorship, is one in which he is most competent to teach, and one which is too generally neglected in our medical schools. It is too much to expect from one professor, however able and industrious, in addition to a general course of lectures on Chemistry, the special course which the present state of medical science requires. The authorities of Harvard University have done most wisely, therefore, in founding an adjunct professorship; and no candidate could they have found better qualified for the office than the gentleman they selected. Our readers have had proof enough of his qualification for the place in the numerous editorial articles on chemical and allied subjects for which this Journal has been indebted to his pen during his connection with it. Delicacy forbids our enlarging upon the personal characteristics which, in the opinion of all whom we have ever heard speak on the subject, have made his position as Editor most honorable to himself and of great value to the profession. We can wish him no better success in his new relations than that which has crowned his editorial labors.

To many of our readers, our new associate needs no introduction. To those not intimately acquainted with him, the report of the Committee of the Massachusetts Medical Society on Cerebro-Spinal Meningitis, read by him at the last annual meeting of the Society, will be a sufficient guaranty of his fitness for an office which taxes so much the powers of endurance and patient industry of its incumbent.

A change in the type used in the Editorial department of the Journal, which is introduced in the present number, enables us to give considerably more printed matter without increasing the number of pages. With this addition to our space we hope to be able to publish many interesting items which we have been compelled in times past to neglect. With regard to our future course we make no new professions; we prefer to leave it to the judgment of our readers, assuring them that we shall make it a conscientious duty to do all in our power to render the Journal a fair representative of the medical profession in New England. Our success must depend very much on the sympathy and coöperation of our brethren throughout this part of the country, and to them we most confidently appeal. In saying this, we would not be understood as limiting ourselves in any sense to the professional interests of a mere section of our common country. Most gladly should we welcome contributions to our pages from our most distant brethren; we only feel it to be a special duty of those nearest to us to see to it that they bear their part in contributing to the store of medical knowledge as becomes diligent laborers in a common field.

POPULATION OF MASSACHUSETTS—REPLY OF DR. DERBY TO DR. ALLEN'S NOTE—DR. SNOW'S CRITICISMS.

Messrs. Editors,—With reference to the note of Dr. Allen respecting the population of Massachusetts, in your number for January 24, I have only to say that in the article published in the Medical Journal on the 3d inst., Dr. Allen stated that more than thirty towns reported *no births* in 1864 and 1865. This statement was a very startling one, and calculated greatly to mislead the public mind. It produced the same impression on others that it did on myself. I therefore felt it important to point out its incorrectness. Dr. Allen now says more than thirty towns reported no *foreign births in those years;* a very different statement from that which he first made. I leave it to your readers to say who made the "mistake." Yours truly, George Derby, M.D.

Charles Street, January 28th, 1867.

The subject under discussion is a very important one, and however different the views of these gentlemen may be, we know that they have no other object than the determination of the truth with regard to it. It is engaging the minds of many thinking people, and we have no doubt that in time a positive, unquestionable conclusion will be arrived at. As yet we must consider the question as still *sub lite.* We find an interesting communication, called out by Dr. Allen's original paper, in the Philadelphia *Medical and Surgical Reporter*, by Dr. Edwin M. Snow, the able City Physician of Providence. Dr. Snow criticizes a number of points in Dr. Allen's paper, and shows that although, as he states, it may be the case that according to the parish records of small New England towns it may appear that formerly the families had many children, while now they have very few—this does not indicate either moral or physical degeneracy in the inhabitants. Dr. Snow illustrates his point by the follow case:—

"Let me illustrate my meaning by an example: In a small country town where I am well acquainted, there is a school district in which, thirty-five years ago, there were over one hundred scholars. In the same district, fifteen years later, there were less than thirty scholars. The number of families and houses in the district had remained precisely the same. The children had grown up and emigrated, leaving middle-aged and aged persons. At this date, there is no change in the number of houses or families; but many of the heads of families of thirty-five years since have died, and younger persons have taken their places, and there are now fifty or sixty children in the district, and the number is fast increasing. It is easy to understand how Dr. Allen's statements may be true, without any degeneracy in the native American population. It is also easy to see how, in a stationary population, where young men and women mostly emigrate, there may be a long series of years when there would be more deaths than births."

With regard to the very important point, the migrating habits of the natives of New England, Dr. Snow says:—

"I have not been able to complete some calculations on this point that I have been making, but may state, that in 1850, there were nearly 500,000 natives of

New England, living in this country, out of New England. In 1860, there were 116,036 natives of Maine living in other States; 125,539 natives of New Hampshire living in other States; 174,765 natives of Vermont living in other States, &c."

International Medical Congress of Paris.—An international Medical Congress is to be held in Paris on the 16th of August, 1867, under the auspices of his Excellency the Minister of Public Instruction. The Congress will be exclusively scientific, and will last two weeks. The labors of the Congress will include communications upon questions proposed by the committee, and also upon subjects not in their programme, which runs as follows:—1. The Anatomy and Pathological Physiology of Tubercle—On Tuberculization in different Countries, and its influence on the General Mortality. 2. The general Accidents which cause Death after Surgical Operations. 3. Is it possible to propose to the various Governments efficacious measures for restraining the Propagation of Venereal Diseases? 4. On the influence of the Dietary of different Countries in the Production of given Diseases. 5. On the influence of Climate, Race, and different Conditions of Life on Menstruation in various Countries. 6. On Acclimatization of European Races in Tropical Countries. 7. On the Entozoa and Entophytes which may be developed in Man.

Those who desire to bring forward communications on these or any other subjects, are requested to address their manuscript to the General Secretary at least three weeks (July 26th) before the opening of the Congress.

With the view of limiting and defining the questions in the programme, the committee has appended to each article commentaries, which we cannot now quote, but to which we shall subsequently refer, indicating the points to which it desires that papers should be especially directed. Foreigners may become members of the Congress by addressing a communication to Dr. Jaccoud, Secretaire General, Rue Drouot 4, à Paris.—*London Lancet.*

The idea of this Convention is an excellent one, and steps have been taken in Boston to secure a representative from members of the Massachusetts Medical Society residing within the Suffolk District.

Eustachian Tube normally closed except in Deglutition.—Dr. James Jago, in a communication on the Functions of the Tympanum, published in the *British and Foreign Medico-Chirurgical Review*, defends with much plausibility the view which he had propounded before, in an Essay on the Eustachian Tube, that the normal condition of this passage is that of closure, except during the act of deglutition. This opinion is based on experimentation in his own person, aided by an accidental condition of the fauces, arising from contraction of the tissues on the right side, following amputation of a portion of the uvula. His paper is a very interesting one, and his arguments are most convincing. With regard to the provision for opening the tubes on occasion, he says:—

"That it is not the egress of sonorous vibrations from the tympanum which is to be feared, that being a matter of indifference.

"But there must be a provision against the ingress of aërial undulations from the throat, which, if admitted, would threaten the membrana tympani with incessant oscillations, and endanger both its integrity and that of the complex and delicate apparatus in connection, and violate the peace of the labyrinth *via* this sudden route with all the sonorous impulses impressed upon the animal's breath.

"That, therefore, the moment seized for bringing the tympanum into communication with the fauces must be one in which there can be no respiratory current.

"That the only instant compelling a suspension of respiration is that in which the act of swallowing is performed, and must therefore be embraced for the service just named.

"Finally, the same rule secures the tympanum against the introduction of gastric gases, &c., evolved through the fauces."

Use of a Concave Reflector in Examinations of the Ear.—Dr. Holmes called the attention of the Society to the use of this instrument in examinations of the external meatus, as recommended in the excellent work of Von Tröeltsch on Diseases of the Ear, translated by Dr. Roosa, Aural Surgeon to the New York Eye Infirmary. The instrument is a concave reflector, three inches in diameter, with a focal distance of four inches, and is contained in a metallic frame, with a suitable handle. In the centre of the reflector, a small disc of the amalgam is removed, as in the small concave reflector of the ophthalmoscope, to allow the rays of light from the illuminated ear to enter the observer's eye.

By means of this instrument, the deeper portions of the external meatus can be distinctly seen, even in a cloudy day, or by the light of a candle in a darkened room. The patient can be examined while lying in bed, if necessary, as well as in an erect position.—*Proceedings of Chicago Medical Society*, in the *Chicago Medical Journal.*

Impenetrable Cuirass.—A correspondent of the *Richmond Medical Journal*, writing from Florence, describes a new cuirass as follows:—

"Signor Muratori, a Sicilian, has invented a cuirass, not weighing more than fifty-four ounces, yet large enough to cover the whole of a man's trunk, entirely free from metallic ingredients, and so pliable that it does not interfere with the movements of the most agile soldier. This cuirass was tested, in one of the forts of Florence, in presence of the Minister of War and several officers of the Italian army, and it was found that a shot fired with a cavalry revolver, which, at five paces distance, can penetrate a wooden plank five inches thick, did not pierce or lacerate the cuirass, although the powder charge and the distance were the same. A herculean grenadier was then ordered to attack the cuirass with the bayonet, which he did twice very vigorously, but without causing any damage to it. Sabres and swords proved even more powerless, and the very sharp point of a lance, wielded by a robust lancer, glided off (to use the expression of an eye-witness) like the point of a needle from a steel plate. There is no reason to doubt the accuracy of these observations. But, alas! this wonderful weapon of defence came too late, as everything does in Italy."

Prostitution in New York.—A bill contemplating a recognition of the evil of prostitution, and the issue of licenses for its practice under certain restrictions, has lately been introduced in the Legislature of New York. According to the estimate of the Metropolitan Police Commissioners, as given in their annual report, New York city alone is able to count the enormous number of twenty-one hundred houses of ill-fame of all grades, and twenty-five thousand courtezans; but we are to look for the mitigation in vigorous legislative enactments rather than in convention discourses, however rational.—*Medical Record.*

Potent Disinfectant.—The *Dublin Medical Press* states that Dr. DeWar, of Kircaldy, has discovered that "for the disinfection of inanimate material, the addition of a little nitre to sulphur, and the combination of these fumes with the steam of boiling water, improvises a disinfectant at once the most powerful, most searching, and most efficacious which can be obtained, utterly destructive at once of any latent contagion, and of every form of insect life."—*Ibid.*

Medical Staff, U. S. Volunteers.—Among the nominations for brevet rank in the Volunteer force are the following:—To be *Captain*, *Major* and *Lieutenant-Colonel*, by brevet. Assistant-Surgeon James Clark Stockton, of the Thirty-sixth United States colored troops, for faithful services in the Medical Department, commissions to date from September 11, 1866. To be *Lieutenant-Colonels* by brevet. Surgeon William Carroll, U.S.V., for faithful services on Tybee Island during the prevalence of cholera at that place, to date from August 22, 1866; Surgeon Michael K. Hogan, U.S.V., for faithful services in the Medical Department, to date from June 28, 1866; Surgeon William R. De Witt, U.S.V., for faithful services in the Medical Department, to date from June 28, 1866; Brevet Major W. C. Squire, Captain of the Seventh Ohio Sharpshooters, for gallant and meritorious services, to date from July 28, 1866; Surgeon Caleb W. Horner, U.S.V., for faithful and meritorious services in the Medical Department, to date from March 13, 1865; Surgeon John A. Hayes, of the Eleventh New Hampshire Volunteers, for faithful and meritorious services, to date from March 13, 1865; Surgeon Brower Gesner, of the Tenth New York Volunteers, for gallant and meritorious services during the war, to date from March 13, 1865; Brevet Major Robert B. Brown, Assistant Surgeon U.S.V., for faithful and meritorious services at Galveston, Texas, during the prevalence of cholera at that place, to date from October 25, 1866; Surgeon Samuel W. Blackwood, of the Eighty-first United States colored troops, for meritorious and distinguished services during the outbreak and continuance of cholera in New Orleans, La., to date from November 26, 1866; Assistant Surgeon Theodore Wild, of the Eighty-first United States colored troops, for meritorious and distinguished services at White's Ranch, Texas, where cholera prevailed in August, 1866, to date from November 26, 1866. To be *Colonel* and *Brigadier-General* by brevet, to date from March 13, 1865, Brevet Lieutenant-Colonel and Brevet Colonel Matthew McEwen, Surgeon U.S.V., for gallant and meritorious services during the war.—*Ibid.*

The Chair of Surgery in Rush Medical College.—According to statements in the daily papers of Chicago, the chair of Surgery made vacant by the death of the late Professor D. Brainard, has been filled by the appointment of Moses Gunn, of Detroit, Professor of Surgery in the University of Michigan. It is also stated that Prof. Gunn has accepted the appointment.—*Chicago Medical Examiner.*

Sulphite of Soda in Smallpox.—Dr. W. L. Nichol states (*Nashville Journal of Medicine and Surgery*, August, 1866) that he has employed the sulphite of soda in smallpox with advantage. He gave it in solution, in the proportion of one drachm of the salt to six ounces of water. A tablespoonful of this was given every three hours.—*American Journal of the Medical Sciences.*

MEDICAL INTELLIGENCE.

According to the *Atlanta Medical and Surgical Journal*, that city has been re-built with unexampled rapidity, and now contains, probably, 5000 inhabitants more than before it was dismantled and destroyed.

From the Twelfth Annual Report of the Southern Ohio Lunatic Asylum, for the year 1866, we learn that the number of patients in the Asylum at the beginning of the year was 171; admitted during the year, 103—total, 274. Discharged during the year, 177. The mortality during the year is represented as having been very light, and the institution in every respect in a favorable condition. An appropriation has been made for the enlargement of the asylum to the size of the original plan.

The total number of deaths in the city of Chicago, during the year 1866, was 5,926. Under five years of age, 2,899; from five to twenty, 638; twenty to forty, 1,288; forty to fifty, 426; fifty to sixty, 240; sixty to eighty, 281; over eighty, 30; unknown, 124.

The "Elgin Milk Condensing Company" of Chicago, Ill., prepares milk in a condensed form, requiring three parts of water to one of the preparation to bring it to the standard of good fresh milk. A resolution was unanimously passed at the last meeting of the Chicago Medical Society, recommending it as an article of great value to the community for general use, and especially for the feeding of children.

Dr. C. R. Parke, of Bloomington, Illinois, reported to the Illinois State Medical Society, at its last meeting, a death from the inhalation of chloroform, administered as an anæsthetic in the extraction of teeth. The amount used was one drachm; death took place in twenty-five minutes from the commencement of the inhalation.

The St. Louis Dental Society held its tenth annual meeting at the rooms of Drs. Peebles and Eames, on Tuesday, January 8th, 1867, and the following officers were elected for the ensuing year:—*President*, Aaron Blake, D.D.S.; *Vice President*, W. H. Eames, D.D.S.; *Secretary and Treasurer*, Dr. Edgar Peck. This, says the *St. Louis Medical Reporter*, is an old and useful organization, and is doing much good in the profession towards elevating dentistry to its real and legitimate position as a part of the curative art.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 2d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	43	49	92
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.7	37.1	74.8
Average corrected to increased population - - - -	00	00	82.58
Death of persons above 90 - - - - - - - -	0	0	0

CORRECTION.—In the list of House-pupils at the Massachusetts General Hospital for the present year, published in our last, for "Henry H. H. A. Beach," read Henry H. A. Beach; and for "Josiah L. Hall" read Josiah L. Hale.

COMMUNICATIONS RECEIVED.—Obstetric Teaching and Practice in Vienna; by D. F. Lincoln, M.D.—Medical Botany of Norfolk County; by Josiah Noyes, M.D.—Case of Injury to the Spine; by S. F. Coues, Surgeon U.S.N.—A Case of Epilepsy from Lead Poisoning; by Lewis S. Hopkins, M.D.—On the Mode of Administration of Systemic Anæsthetics; by Ephraim Cutter, M.D.—Synopsis of Cases treated at the Surgical Clinic of the Boston Dispensary, during September, October and November, 1866; by David W. Cheever, M.D., one of the Surgeons.

BOOKS RECEIVED.—The Renewal of Life. Lectures, chiefly Clinical, by Thomas King Chambers, M.D., Consulting Physician and Lecturer on Practical Medicine at St. Mary's Hospital, &c. Philadelphia: Lindsay & Blakiston. 1866. For sale by E. P. Dutton & Co. Price five dollars.—The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations. By William Acton, M.R.C.S., late Surgeon to the Islington Dispensary, &c. Second American from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. For sale by E. P. Dutton & Co. Price three dollars.—Guide for using Medical Batteries, &c., in the Treatment of Nervous Diseases. By Alfred Garratt, M.D. Philadelphia: Lindsay & Blakiston. 1867. Sold by E. P. Dutton & Co. Price two dollars.—Methomania: a Treatise on Alcoholic Poisoning. By Albert Day, M.D., Superintendent and Physician of the Washingtonian Home, Boston, &c. With an Appendix by Horatio R. Storer, M.D. Boston: James Campbell. 1867.

DIED,—In Newburyport, Dr. Samuel W. Wyman, a native of this city, and a graduate of Harvard College in the class of 1814, aged 75.—In Jackson, Mich., Dr. Edward Lewis, aged 74. He graduated at Castleton (Vt.) Medical College in 1824, and after practising in Vermont eleven years, and in Concord, Mich., eight years, he removed to Jackson, where he remained till his death—having an extensive practice, and ranking among the first physicians of the State.

DEATHS IN BOSTON for the week ending Saturday noon, Feb. 2d, 92. Males, 43—Females, 49. Accident, 3—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cancer, 2—cholera infantum, 1—consumption, 17—convulsions, 1—croup, 2—debility, 1—dropsy, 1—dropsy of the brain, 3—dysentery, 1—erysipelas, 3—remittent fever, 1—scarlet fever, 5—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 6—infantile disease, 3—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 5—marasmus, 1—measles, 1—old age, 1—paralysis, 2—peritonitis, 2—pleurisy, 1—premature birth, 1—puerperal disease, 1—scrofula, 1—smallpox, 5—enlargement of the spleen, 1—suicide, 1—tabes mesenterica, 1—unknown, 5—whooping cough, 1.

Under 5 years of age, 33—between 5 and 20 years, 10—between 20 and 40 years, 22—between 40 and 60 years, 15—above 60 years, 12. Born in the United States, 62—Ireland, 23—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxxvi. Thursday, February 14, 1867. No. 2.

REPORT OF A COMMITTEE OF THE SUFFOLK DISTRICT MEDICAL SOCIETY ON CHOLERA IN BOSTON AND VICINITY DURING THE YEAR 1866.

[Read before the Suffolk District Medical Society, and communicated for the Boston Medical and Surgical Journal.]

The Committee of the Suffolk District Medical Society appointed to consider the subject of cholera as it occurred in Boston and vicinity during the year 1866, respectfully report, that, in order to obtain the fullest information upon the subject, they addressed to each member of the Society, and to a number of medical gentlemen living in the vicinity of Boston, the following circular:—

Boston, Dec. 8, 1866.

Dear Sir,—The undersigned, a Committee appointed by the Suffolk District Medical Society, to investigate the history of the cases of cholera which have occurred within the District and in the vicinity during the past season, respectfully request you to aid them in this duty by a written reply to the subjoined inquiries, addressed to the chairman, at the "Medical Journal" office, Washington St., on or before the 15th inst.

Leonard R. Sheldon,
Henry G. Clark,
Samuel L. Abbot,
William Read,
J. Baxter Upham,
Committee.

To Dr. ____________________

1. Have you seen or treated any cases of cholera? If so, state—
2. The date of each, the name (or initials), age, occupation, and residence.
3. The symptoms, in the order of their occurrence, noting especially the following points, viz.:—
   - *a.* Preliminary diarrhœa.
   - *b.* Rice-water discharges and vomiting.
   - *c.* Cramps.
   - *d.* Blueness, shrivelled skin, &c.
   - *e.* Suppression of urine.
   - *f.* Absence of pain.
4. The treatment and result.
5. Had the persons affected been exposed—
   - *a.* By contact with other cases of cholera or diarrhœa?
   - *b.* By personal indiscretions?
   - *c.* By living in, or visiting unhealthy or infected places?
6. Have you known any other case to follow exposure to those under your care; to their dead bodies, or their effects?

In response to this circular seventy-eight (78) answers have been received, among which were reports of thirty-seven (37) cases of cholera, communicated by nineteen (19) gentlemen, of which the following table is a synopsis.

No.	*Name.*	*Profession.*	*Age.*	*Sex.*	*M. or S.*	*Date.*	*Residence.*	*Hygienic Influences.*	*Previous exposure, &c.*	*Premonitory diarrhœa.*	*Symptoms.*	*Result.*	*Duration.*	*Treatment.*	*Supposed exciting causes.*	*Subsequent cases.*	*Reported by.*
1	M. H.	Teamster.	40	M.	M.	April 5th.	9 Cherry street.	Bad.	None known.	None.	Usual symptoms.	Recovery.		Stimulants and inhalation of chloroform.	Perhaps residence.	None.	Dr. L. R. Sheldon.
2	Young man.			M.	S.	Last of May.	Portland St.	Chamber bad.	None known.	None.	Violent cramps & suppression of urine. Rice-water vomiting and purging. Lividity and loss of pulse for several hours.	Recovery.	24 hours.	Opiates; carminatives; stimulants; friction.	Dose of magnesiæ sulph., & exposure to a draught in attic bed-room.	None known.	Dr. B. S. Shaw.
3	M. H.	Laborer.		M.		July 20th.	Davis street, Roxb'y.	Bad.	None.	Six hours.	Violent; of usual character. Pulse not entirely absent.	Recovery.	Reaction, 4, A.M, 21st. Tardy convalescence.	Friction; external heat; stimulants; injection (subcutaneous) of morphia, gr. $\frac{1}{4}$, and repeated.	None known.	None.	Dr. L. R. Sheldon.
4	H. C.	Harness maker.	50	M.		July 21st.	7 Cottage, E. Boston.	Good.	None known.	Yes.	Usual symptoms, but pulse did not fail. U. suppressed two days. No blueness of surface.	Recovery.		Opii 1 gr. every hr, until vomiting, purging & cramps had ceased. Whiskey *ad lib.*	None known.	None.	Dr. P. M. Crane.
5	Mrs. A. F.		50	F.		July 23d.	96 Meridian St., East Boston.	Lives on marsh, but house well drained & ventilated.	None known.	Vomiting and purging two days before.	Us. symptoms, but p. could be felt; blueness of surf. moderate. Skin of hands corrugated.	Recovery.		As above. Instead of whiskey, brandy; sinapism to epigastrium.	None mentioned.	None.	" "
6	Mrs. W.			F.	M.	July 23d.	16 Bridge street.	Very bad.	None known.		Usual symptoms.	Recovery.	36 hours.	Rice-wat., well peppered; sulphuric ether in min. v. doses in aq. 1 fl.oz., every hr. Beef-tea. Dry warmth to abdomen.	None known besides local hygienic influences.	None known.	Dr. H. G. Clark.

7	Mrs. R.		55	F.	M.	Aug. 16.	Border Street.	Favorable.	None known.	Ailing several ds., diar. 1 day.	Usual symptoms. U. suppressed. Pulse feeble.	Recovery.	Better in 24 hs., left chamber in 1 m.	Opiates; stimulants; external heat; and sinapisms.	In '49, 7 deaths from cholera in adjoin. houses; at that time no drain, and 2 ft. stag. water in cellar. In 1850 drains were laid & the premises thor'ly cleaned	None.	Dr. D. V. Folts.
8	M. K.	Machinist.		M.		Aug. 31.	86 Warren St.	Not stated.	None known.	None.	Usual symp.; no collapse.	Recovery.	Not stated.	Astringents and opiates; friction with dry mustard.	Had worked unusually hard	None known.	Dr. Calvin Ellis.
9	Mrs. Brady.		40	F.	M.	Sept. 2.	Davis Street, Roxbury.	Not distinctly stated.	None known.	For a few hs.	Usual symptoms.	Death.	7 hs.	"Restoratives" with little or no effect.	None known.		Dr. G. J. Arnold.
10	Mrs. P. W.		43	F.	M.	Sept. 2.	E. Canton.	Favorable.	None known.	1 day.	Of the most violent character.	Death.	12 hs.	As above.	Over-fatigue during very hot weather.	None.	" "
11	Miss A.			F.	S.	Sept. 3.	Fellows Ct.	Bad.			Violent.	Death.	12 hs.	Astringents, opiates, stimulants.		Case of Mrs. Kols.	" "
12	Mrs. C. S.		44	F.	M.	Sept. 3.	Washt'n Street, near Roxbury.	Residence within 10 rods of stagnant water.	None known.	None.	As above.	Death.	11 hs.	As No. 3, exc. morphine by mouth instead of by inj. Slph. acid drinks, injection of beef tea.	None known except proximity to stagnant water.	None.	Dr. L. R. Sheldon.
13	Miss P.		28	F.	S.	Sept. 5.	Chester Park.	Excellent.	None known.	None.	As above, but no abd. evac. till after death.	Death.	2 ds.	Calomel with morphia, etc.	None known.	None.	" "

No.	*Name.*	*Profession.*	*Age.*	*Sex.*	*M. or S.*	*Date.*	*Residence.*	*Hygienic influences.*	*Previous exposure, &c.*	*Premonitory diarrhœa.*	*Symptoms.*	*Result.*	*Duration.*	*Treatment.*	*Supposed exciting causes.*	*Subsequent cases.*	*Reported by.*
14	Mr. A.	Clerk.	19	M.	S.	Sept. 6.	Chester Park.	Excellent.	None known.	None.	Violent, but pulse not quite extinct.	Recovery.	Reaction in 12 hs. Tardy conval.	As in all this reporter's cases, except No. 13.	Imprudence in diet and drink. Took 4 qts. lemonade day before attack.	None.	Dr. L. R. Sheldon.
15	Mr. F.	Laborer.	40	M.		Sept. 7.	3 Rockingham Ct.	Lives on marsh — well drn'd, open to air.	None known.	12 hs.	Usual symps., but no blueness or corrugation of skin; urine not suppressed, pulse not m'ch reduced.	Recovered.		As above, whiskey inst. of brandy.	None known.	None.	Dr. P. M. Crane.
16	J. W. Goutier.	Seaman.	23	M.		Sept. 7.	122 Bremen St. E. B.		Returned from Philadelphia while cholera was there.	4 days.	Cramps very severe; rice-w. evac. by vom. and purg. P. almost imperc.; skin cold, moist and livid; U. suppressed..	Death.	18 hs.	Chlorf., opium, capsicum, beef tea, brandy, friction.	None.		Dr. B. F. Campbell.
17	Mrs. Sliman, niece of No. 9.			F.	M.	Sept. 8.					Severe, but not fully reported.	Recovery.	Reaction in 24 hs. Tardy conval.	Astringents, opiates, stimulants.			Dr. G. J. Arnold.
18	Mrs. Carr.			F.	M.	Sept. 8.			Took care of her daughter.		Severe; in collapse when first seen.	Death	16 hs.	As above.			" "
19	Mrs. Kols, sister of No. 11.			F.	M.	Sept. 9.	Same h. as No. 11.		her sister's case.		Violent.	Death from react. fever.		As above.			" "
20	Mrs. S.		40?	F.	M.	Sept. 9.	Eaton Street, Roxb. near Boston.	In immed, neighb. of Davis St., where hygienic infl. are as bad as possible.	Had vist'd case No. 9, Mrs. B., during her sickn. whl. suffering fr. diarrh.	2 days.	Of the most violent character.	Death	30 hs.	Opiates and stimulants, etc. etc.	Locality of res. and prob. exposure to Mrs. Brady's case.	None.	" "

21	Mrs. G.		35	F.	M.	Sept. 10.	Fellows Ct.	As bad as possible.	Liv'd next h. to 2 of DrArn'ld's cases.	None.	Violent, but pulse not quite extinct.	Recovery.	Reaction in 12 hs. tardy conval. miscar.	As in this reporter's other cases, and with small doses of cal. & morph.	Residence unhealthy.	None.	Dr. L. R. Sheldon.
22	James D	Shoemaker.	40	M.	M.	Sept. 10.	Davis Street.	As bad as possible.	None.	None.	Violent.	Recovery.	Reaction in 8 hs. slow conval.	As above,	Residence & excessive work in very hot weather.	None.	" "
23	M. J. L.			F.	S.	Sept. 11.	Carroll Pl.	Very bad.	Boy in nxt h. died of sim. sympt 4 ds before. P.'s moth. w. him dly, & p. by him last day.	A few hours.	Usual symptoms.	Death	2½ hs.	Patient moribund; died in 15 min. after arrival of physician.	Contact with fatal case in next house.	None known.	Dr. A. B. Hall.
24	Mr. Sliman.			M.	M.	Sept. 13.					Violent.	Death	11 hs.	As in this reporter's other cases.	The case of his wife.		Dr. G. J. Arnold.
25	A. A. Gould.	Physician.	61	M.	M.	Sept. 14.	Boylston Street.	Good, except drain fr. a stable passes beneath house.	None known.	6 hs.	Sevr cramps, copious ricewtr dis. Face & hds shrnk, livid, skin cold, clammy, no p. voice very feeble.	Death	11 hs.	Stimulants by mouth & per anum, &c.	Eating freely of pears.	None.	Dr. Samuel Cabot.
26	J. P.	Printer.		M.	M.	Sept. 17.	Brookln. Street, Cambr.-port.	Good.	None known.	None.	Usual symptoms. Collapse.	Death	24 hs.	Stim'nts, brandy, ext. heat, sinap., mod'ate opiates, carminatives & liquid nourishment.	None known.	P.'s wife died 2d d. after, fr. chol. of 12 to 15 hs.	Dr. W. W. Wellington.
27	G. Sargent.	Teamster.	37	M.	M.	Sept. 20.	17 Napier St.	Bad.	None known.	2 or 3 days.	Usual sympt's; no pulse; skin shrivelled & of a leaden hue; voice husky.	Death	About 12 hs.	Stimulat. mix., frict'n & sinap. to abdo. Case from first regard'd hopeless	Residence.	None	Dr. A. J. Fenn.
28	J. L. W.	Physician.		M.	S.	Sept. 25.	140 Commercial St.	Exp. daily to emana. fr. sewer open'g into dock opp. Filthy water closet.	None known.	10 or 12 days.	Usual sympt's; ext. præcordial oppres'n; complete aphonia. Urine suppressed 20 hours.	Recovery.	24 hs.	Large doses of opiates and stimulants.	None known.	None known.	Dr. Jas. L. Williams.

No.	*Name.*	*Profession.*	*Age.*	*Sex.*	*M. or S.*	*Date.*	*Residence.*	*Hygienic influences.*	*Previous exposure, &c.*	*Premonitory diarrhœa.*	*Symptoms.*	*Result.*	*Duration.*	*Treatment.*	*Supposed exciting causes.*	*Subsequent cases.*	*Reported by.*
29	N. G.	Seaman.	26	M.	S.	Sept. 25.	308 Hanover Street.		None known.	2 or 3 days.	As usual.	Death	48 hs.	Ammonia in camph.-water; brandy & hot water.	Very intemp., attack complic. with del. trem.	One. See below.	Dr. James Ayer.
30	P.	Piano-forte key maker.	40	M.	M.	Sept. 28.	Myrtle Street, Roxb'y.	Good.	Not previously exposed.	Slight part of 1 day.	As usual, but cramps not very svr. No ur. for 48 hs. P. abs. at tms	Recovery.	12 hs. Conval. rapid.	Tr. opii, heat to surface, rest, good nursing.	None known.	None known.	Dr. B. E. Cotting.
31	S. G.	Teamster.	28	M.	M.	Sept. 30.	338 Hanover Street.		Case of his brother, No. 27.	12 hs.	As usual.	Death	34 hs.	Tr. op. by mouth and inj. Alkaline mixt. brandy, eth. beef-tea, cof. &c	Ate cold veal & ox-tail soup after diarrhœa commenced.	One, that of his wife.	Dr. James Ayer.
32	Mrs. B. W.	Widow.		F.		Sept. 30.	Washt'n St. near Roxb'y.	Walls in r'm moldy fr. leaky sink in r'm above; filth	None known.	1 day.	Violent, but P. not quite extinct.	Recovery.	Reaction in 12 hs. Tardy conval.	As in other cases of this reporter.	Over-fatigue & heat after diarrhœa commenced.	None.	Dr. L. R. Sheldon.
33			35	M.		Oct.	Rear of 93 Prince Street.	Very bad.	None known.	Yes.	Usual sympt's; had been in collapse 6 hours.	Recovery.	1 week.	Ext. warmth & stimulants.	None known.	None known.	Dr. A. B. Hall.
34	A. de Silva.	Seaman.	33	M.	M.	Nov. 4.	10 Cooper St.	Not bad.	None known.	1 day.	Usual sympt's severe; suppr. of urine 3 days, & no pulse most of the time.	Recovery.	10 days.	Moderate opiates, bismuth, stim'nts, sinap. Temp. of room kept at 96–100°.	Imprudence in eating the previous night; lived v'ry near Carroll Place.	None known.	" "
35	V. Augur.	Mechanic.	25	M.	S.	Nov. 15.	20 Salem St.	Good.	None.	Several days.	Usual sympt's; cramps severe; rice-water dis.; u. suppressed.	Death	17 hs.	Brandy & capsicum in liberal doses; camph., liq. potassæ.	Was in habit of visiting privies of the B. & M. R. R. Depot.	None.	Dr. Eli Thayer, Jr.
36	W. E. Townsend.	Physician.	46	M.	M.	Nov. 16.	Beacon St.	Excellent.	Visited fatal case of cholera a few ds pre.	Had several atks in sum'r prior to last sick.	Usual sympts, rice wtr disc. with slight odor; surf. cold & livid; ur. suppr.; no p. at times, occ. faint'g	Death	About 30 hs.	Opium by mouth, subc. inj. of mor., meat-tea, laud'm and brandy, per anum, acid sulph.	Had visited a cholera patient twice.	None.	Dr. Chas. E. Ware.
							High Street,	Excellent	None.	2 hs.	Usual sympt's; severe cramp;	Reco-	24 hs.	Dry heat & sinap.; brandy & capsic.; op.,	Eating fresh pork once a day for 2 weeks	None.	Dr. W. G. Wheeler.

The reports of these cases, most of them quite full, have been carefully considered by the Committee, and the opinion of the Committee was taken upon each of them by vote. They unanimously agreed that all of them should be classed as cases of Asiatic cholera.

The following is the account of the case of Dr. A. A. Gould, by the attending physician, Dr. Cabot:—

Dr. Gould had been as well as usual and attending to his business, when about noon of Friday, September the 14th, he had two watery discharges from the bowels. During the afternoon he had three or four more copious discharges of the same character. Between 6 and 7 o'clock vomiting began, and shortly before 8 o'clock very severe cramps occurred in the feet and calves of the legs. About quarter past 8 he had a very copious discharge, more than half filling the vessel, presenting the rice-water appearance, *but having some fæcal odor,* and containing some small particles of fæcal matter stained with bile. In the course of an hour these symptoms were gone, and the patient seemed quite comfortable and had a good pulse. He had no more diarrhœa or cramps or vomiting, except that he vomited a dose of aqua ammoniæ. There remained an unpleasant coldness of the hands, and from that time the patient steadily failed. At 2, A.M., he was in collapse—the face and hands shrunken and livid, the skin cold and clammy, the radial pulse absent, the voice almost inaudible. He was restless and uneasy, took ether occasionally—apparently to relieve the uneasy and distressed feeling which accompanies collapse—and notwithstanding the coldness of the skin, could not bear the encumbrance of the bed-clothes, even the lightest.

All efforts at restoration by the stimulants administered, both by the mouth and per anum, were without effect. He continued steadily to fail, and died at 5 o'clock, A.M., Sept. 15th.

According to request, the Committee have examined specially the case of Dr. Gould, and in addition to the above facts would remark that he possessed a frail constitution, and had suffered many years from indigestion. He had, only a few days before his last sickness, two attacks of vertigo, the latter being so severe that he fell upon the sidewalk near his own house, and was carried in by persons who happened to be passing at the time.

The Committee are informed, also, that he had been eating very freely of pears, and that he himself attributed his attack to this circumstance. Notwithstanding his bodily infirmities, his mental powers remained intact, and his love for scientific pursuits grew with increasing years.

We can learn of no exposure to cases of cholera or choleraic diarrhœa to which we can ascribe his disease, nor of any cases that occurred subsequently to his in consequence of proximity to him during his sickness, or to his remains after death. This Society will well remember how many friends stood mournfully around him and paid their last respects to one who while he lived was loved and honored by all who knew him, and who adorned the profession to which he belonged.

It is also a fact to be remembered, that, as the result of an autopsy made by Drs. Langmaid and Swan, the internal organs, excepting the intestines, showed an almost entire absence of fluids, and that the bladder was empty and contracted; also, that epithelium was found floating in the small amount of fluid which remained in the stomach and bowels.

In the opinion of your Committee, the history of Dr. Gould's sickness embraces all of the necessary symptoms of a case of genuine Asiatic cholera.

The Committee also feel it important to state that there is a livery-stable directly in the rear of Dr. Gould's late residence, and they are informed that the drainage of this stable passed under the house; and, also, that Dr. Gould spent a large portion of his time in his office, upon the lower floor of the house.

The case of Dr. William E. Townsend, which possesses also a painful interest, was reported at the meeting of the Suffolk District Medical Society, held Nov. 29th, by Dr. C. E. Ware, as follows:—

Dr. Townsend had, during the past summer, been less well than formerly. He had not taken his usual vacation, and had had a good deal of night-work. Friday, the 16th of November, he attended a funeral. Two days previously he had made a visit to a fatal case of "cholera." Dr. Ware was called to see him on Friday, at 5½, P.M. He had eaten his dinner as usual. He had had no diarrhœa previous to his attack, but had felt somewhat feeble. The attack began with vomiting and diarrhœa. When seen, he had had several dejections and vomiting, which did not yield to simple treatment. The discharges were watery, with marked fæcal odor and color. He vomited immediately after a dose of opium, and then got, over the abdomen, a subcutaneous injection of morphine, which gave no relief. The skin was warm and natural; the pulse accelerated—half an hour afterwards almost imperceptible. An injection of meat-tea, laudanum and brandy was administered, which was retained. Half an hour afterwards, he vomited for the last time. Coldness began half an hour before the cessation of the diarrhœa, and gradually increased, and lividity came on. Pulse almost gone. Great faintness.

At 7½, P.M., the pulse was entirely gone, and for an hour or two did not return. The patient took food and drinks—dilute sulphuric acid—and coffee, which he relished much. He was in this condition till—

9½ o'clock, when there was a slight return of warmth, but no pulse. The lividity and faintness continued, though the latter was less marked. Then the pulse began to return. Mind perfectly clear. Continued in this way through the night. Had two dejections, watery, with rice-water appearance, but having slight odor. No sleep. Pulse off and on.

In the morning at 8½ o'clock, the pulse was constant, though very slight. No dejection after 3 or 4 o'clock, A.M. No nausea. Occasional cramps, not severe. Continued in this way during the forenoon. Urine not passed after 3, P.M., of the day before.

He was last seen at 11½, A.M. Complained of asthma (to which he had been subject for many years), and was using a cigarette. His condition looked then as favorable for rallying as at any time; three quarters of an hour afterwards he was dead.

The slight reaction at 10 in the evening was imperfect. In the morning there was a little more. The skin was better; lividity of face less, of hands the same. The face was shrivelled throughout the forenoon. The patient looked as if possibly he might recover.

[To be continued.]

EPILEPSY FROM LEAD POISONING.

[The following case, addressed to Dr. H. I. Bowditch by letter, was read by him at the meeting of the Suffolk District Medical Society on the 26th ult., and by him communicated to us for publication.—Eds.]

My boy, Frank, was eight years old on the 8th of September, 1865. Has always been of more delicate formation than his twin brother; bones smaller, weight two or three pounds less. We consider him as having the most delicate and susceptible nervous system of any of our six children.

The latter part of September, 1865, his brother reported that at school he had fallen, and, according to his description, was convulsed. (It subsequently appeared that some days previously he had a similar attack while amongst his playthings in an attic room, when his brother noticed him lying on the floor and and acting strangely, and asked him "What he did so for?" He replied, "He did not know." Neither of them thought enough of it to report it until after the attacks became frequent.)

The evening of the day of the attack at school, the nurse called his parents, after he had been asleep, saying that he was breathing strangely. Nothing abnormal appeared when we arrived, but I seated myself in the adjoining room, and in the course of an hour heard the heavy and laborious breathing, and found him in a convulsion, which continued not over a minute. The eyeballs were distorted and the body and arms flexed spasmodically.

These attacks numbered seven or eight daily, and in the course of two or three days amounted to fifteen daily, which number daily continued until the middle or latter part of the following February, having, however, once numbered twenty-two or twenty-three in twenty-four hours; but this was when the attacks were not the most protracted nor the most brief.

The duration of each attack varied at different periods, from (I should judge from memory, never by the watch) one third of a minute to one and a quarter or one and a half minutes. They did not vary *much* in duration and severity usually during a period of twenty-four hours, but did in a period of weeks. The heavy, labored, almost stertorous breathing was our first admonition during the early attacks (when he has asleep); soon this ceased, and during the last month or two this symptom occurred only at the close of the convulsion, and was our first notice of its subsidence. Indeed, I remember failing to discover any sign of respiration during the greater part of an attack in some of the later weeks. Some other symptoms varied in like manner, as to order, during the whole period. A small quantity of saliva ejected from the mouth terminated many of the attacks—perhaps one fourth of them. The turning in of the thumb upon the palm was sometimes noticed, but was not always or uniformly the case, while I think the strong flexion of the fingers was a usual accompaniment.

The strong contraction of the muscles of the back and back of the neck, at the termination of the convulsion (spoken of by Tanquerel), was noticed during the severer attacks, but did not accompany the lighter attacks. During the night attacks he was always placed in a sitting posture, to elevate the head. Throughout the whole period of more than four months, I failed to discover the blue line on the edge of the gums, spoken of as appearing in lead poison. But the yellowish color of the teeth was quite apparent. One other characteristic spoken of by Tanquerel, was well marked in this case. It was the approximation to recovery, and diminution in force of the attacks, so as to excite strong hopes of a speedy and complete restoration, and then a return of all the symptoms in their severity, to be followed by another amendment—what I should call getting up three feet and falling back two.

Early in November there was some want of power of speech soon after a night attack—the little fellow crying bitterly at his inability to inform us of his desire for the vessel. This, in a less degree, may have been noticed two or three times only; but by the last of November a foot began to drag, and soon he could only creep about "on all fours." He had also lost in looks of health very much in two weeks. The hand of that side was also soon affected; he could not button his clothes or cut up his food, and was carried up and down stairs. He had as many attacks during the day as night, during the severer state of things. Soon he regained his power of his limbs, and the attacks diminished in severity and were confined mostly or entirely to the night. He could accompany me to the village on foot (one eighth of a mile), and if I stopped to talk with a friend, would enjoy prancing back and forth, as boys do when they "make believe horse," his appearance being merely that of a boy who had been sick and who had not regained full health. Again, the paralysis returned and the necessity of creeping, but I think the hand this time was only slightly affected. A subsequent amelioration took place in February. The day and night convulsions became more brief—some of them not over one fourth or one third of a minute in duration—and during that month disappeared altogether. He has (Jan. 18th, 1867) had no attack since then.

It was just about a year ago that I suspected the cause, and the well-water was examined by Dr. James C. White, of Boston, who reported, Jan. 17th, 1866, "a considerable amount of lead" in both of the specimens (one drawn in the morning, the other at noon)—more in that drawn early in the morning, "but that taken at noon was also impregnated with it in a highly dangerous degree."

I immediately confined the boy's drinking of water to the rain-water from our brick cistern in the cellar, having it dipped from the top, for the faucets near the cellar and wash-room floor were joined to lead pipe which passed through the two courses of brick. This was about four and a half or five weeks prior to the cessation of the convulsions. As speedily as possible, I had the pipe in the well replaced by one of galvanized iron, but owing to the ground between the house and well being frozen to the depth of over two feet, and all obtainable hands being busy at cutting ice, it was not changed until the 2d or 3d of February last, and the final convulsions were about from the 20th to the 25th of that month.

The attacks in the day-time were without premonition; sometimes he thought he had a slight dizziness a moment before, but was unable to notify us. To us the attack seemed instantaneous; as, when as cheerful as usual (talking the moment before), he would fall to the floor from his seat; once, when standing by the dinner table chatting with his brother, he fell backwards, turning one quarter around, the arms and neck contracting, otherwise at full length, striking his head against a sheet-iron stove. Twice again, I remember, when standing, he fell *full length* backwards, and as suddenly (from perfect consciousness) as if struck by a heavy blow upon the head—once striking his head against a window-sill eight inches above the floor, and in the other case against a door-sill over which he had just passed.

After his recovery, his twin-brother frequently complained, for a month or two, of severe pains in the front of the leg, and previously my eldest boy (then 16) had suffered in the same way. With these exceptions, none others of my family were affected by the lead pipe; these may possibly have been the effects of the lead.

As to the treatment adopted in this case. Worms were at first suspected as a possible cause; treatment for which manifested nothing but a perfectly healthy state of excretions. After various treatment, bromide of potassium was used and from time to time resumed, without any apparent effects, when, at Dr. Jeffries's suggestion as of possible benefit, we used strychnine. It was commenced, I think, when he was in the worst condition of paralysis, and the amendment which soon followed I naturally attributed to the strychnine; but when, after restoration of the use of his limbs, he again grew worse and could only creep upon the floor, I again used the strychnine, it did not seem to produce any perceptible effect, and was discontinued or only occasionally resorted to, and the subsequent amendment took place long after that or any other medicine was used; so that I queried whether the first amendment was not coincident with the use of the strychnine rather than an effect of it, as I at first confidently supposed.

The greater disposition to laugh and cry uncontrollably was the only remaining symptom of a deranged nervous system during several months after his restoration, and he bore porter well, except that when, in early summer, the weather became cool, it became necessary to suspend it, as both tonics made him a sort of crazy nuisance in the family. Since then he has only had porter in the most extremely hot days.

I think he is now as strong and well as he ever was, except, perhaps, an occasional manifestation of too great susceptibility beyond what he formerly possessed (always greater with him than with the other children), in sometimes crying or laughing at trifles.

Dr. Jeffries has called my attention to the fact, that in the Paris Hospital Reports, quoted by Tanquerel, out of the nearly fifty cases of this form of lead poison, not one case is given as produced by drinking water impregnated with lead. All were either workers in some form of lead, or persons exposed to its fumes—enamelled card manufacturers, &c. The fumes from a room occupied by some such artizan in lead seem to have, in one instance, affected the occupant of a room directly above, and produced a marked case of lead-poison, but which form of it I forget. I have heard of the occupant of a counting-room in Boston and his clerks experiencing the effects of the poison from casks of white lead stored in the room or cellar directly beneath the counting-room. Yours truly,

Bridgewater, Mass., Jan. 19, 1867. LEWIS S. HOPKINS.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

DEC. 10th.—*Very extensive Fracture of the Skull.*—Dr. COOLIDGE reported the case.

A boy, 9 years old, was struck on the head by a piece of timber four feet long and six inches square, which was used to fasten the scaffolding of a new building to the wall. It fell from a height of about twenty-four feet, striking the boy directly on top of the head; he was rought immediately to the City Hospital, where he died in a short time. here was an ecchymosis extending across the head, three inches long nd half an inch broad; the whole scalp over the vertex was swollen nd doughy, but the skin was nowhere broken. The autopsy was nade by Dr. Swan, who has furnished the following account :—

Autopsy.—The scalp was very much thickened by an infiltration of lood and serum, generally in two distinct layers, the former nearest he skull. Centred on the median line and occupying the parietal ones, was a roughly circular mass of fractures a palm's breadth in xtent. There were five principal fragments, four of which were entirely surrounded by lines of fracture, while the posterior curve of the ircle, instead of completing the fifth fragment, passed over the middle of the right parietal, tearing the dura mater and the brain beneath o the extent of two inches, and terminating by two branches on he floor of the skull, before and behind the petrous bone. The mastoid cells on that side contained effused blood. From the middle of he sagittal suture a line extended directly backwards, passing through he occipital bone and terminating a little to the left of the foramen nagnum. The anterior extremity of this, the longest independent ine, curved to the right, and was lost under the temporal muscle, vhich was bruised and ecchymosed. Under that portion of the sagittal fracture behind the mass of fragments, the longitudinal sinus was acerated for two inches of its course, in part of which its cavity was aid open. The central fragments were depressed, and their impression was left upon the surface of the brain, whose substance was irm and whose convolutions were much flattened, particularly in the left emisphere. Scattered ecchymoses were numerous in the gray substance of the upper parts of both hemispheres. Beneath a perforation of the dura mater on the left side, was an apoplectic clot the size f a filbert. There was effused blood upon the upper surface of the rain and beneath the right half of the cerebellum. The ventricles nd base of the brain were uninjured.

The blow seems to have been too sudden and forcible for the effects f *contre coup.*

Dec. 10th.—*Fatty Degeneration of the Placenta; Successive Miscarriages.*—Dr. J. P. Reynolds reported the case.

Q., a strong, well-made American woman, 33 years old, was delivered of a dead male child, about eight months advanced, on the 7th nstant. The woman had had no previous illness. The only child of former marriage is now living. She was married to her present husband six years and a half ago. Since that time she has had five confinements—at six and a half months once, at seven months twice, and t the term, in July of last year. The last-named child lived two ours, and then died without known cause; the earlier children were ll stillborn. One month before the first labor she had received a severe blow upon the abdomen.

Until the present time she has employed a midwife, and cannot tate whether there was at the other births any disease of the placenta. The first child and the second were thought to show evidence ot eing some time dead. There had been irregular uterine pains for everal days before delivery. Three days previously to it, the fœtal novements, which had been growing feeble, ceased. No distinct roof of life could be obtained by auscultation. The head presented in the first position. The pains were efficient, the labor rapid. The dependent portions of the fœtus, when expelled, were of a bluish color. There was no pulsation in any part of the cord. The child was well developed, measured seventeen inches, and the skin everywhere in a sound condition. All efforts at resuscitation failed.

A large portion of the placenta was in a state of well-marked fatty degeneration. There was no reason to suspect the existence of any venereal taint in either parent.

Jan. 14th, 1867.—*Rachidian Meningitis.*—Dr. Borland reported the case, so called to isolate it from the cases of epidemic cerebro-spinal meningitis.

R. N., æt. 25, machinist by trade, entered the City Hospital on the 29th of December. Has spina bifida over fourth lumbar vertebra. Always weakly, and inclined to attacks of diarrhœa and dysentery. Had prolapsus ani until ten years of age. When 14 years old, he fell and ruptured the sac over spina bifida, and was sick in consequence for six months; symptoms then not ascertained. He recovered, and was well enough to serve nine months in the army, and seventeen months as engineer in the navy. Had dysentery when in the army. He left the navy one year ago, and since that time he has felt less well. During past few months he has worked as machinist in Charlestown Navy Yard. The work was hard, and he felt much weakness, especially in the back. Dec. 16th, he rode to his home at the South End, on the top of an omnibus, thinly clad, and then began to have pain in his back—first felt at lower part, gradually extending upwards, and preventing his lying down. In two or three days he had retention of urine, which was scanty, high colored, and was passed with difficulty, occasionally requiring catheter. For a week before entrance he had headache, insomnia and delirium, which was more intense at night, amounting to an active mania. For three days before entrance his head was constantly thrown back; once or twice he had slight opisthotonos. Bowels were constipated. At entrance there was a general tenderness of entire length of spine, but much more strongly marked about the scar of the spina bifida. His constant position in bed was on his right side, with his head thrown far back. The cervical muscles were relaxed. Bending the head forwards caused great pain. In evening, noisy, active, restless delirium came on. He was ordered, ℞. Potass. bromidi, ℈i., every two hours. ℞. Tinct. hyoscyami, ʒi., three times in night.

Dec. 30th.—No apparent effect from medicine during the night, but was quiet and rational at the visit, it being the first time I had seen him. Marked tenderness over lower dorsal and lumbar vertebræ; tenderness slight over cervical vertebræ, but pain is caused on moving head. Cannot micturate when lying in bed; when standing up for this purpose, in erect posture, so that pressure is transmitted from the heels through the spine, general, universal convulsive action is excited, the patient requiring the aid of an assistant to prevent his falling. The convulsion ceases when standing on the toes, leaning forward, resting his weight on his hands. Effort of rising leaves him pallid, exhausted, with temporary return of delirium. Pupils equal; wild expression of eyes. Emplast. belladonnæ was ordered, three inches by twenty-four inches, to be applied along the spine. Ext. belladonnæ, gr. ⅓, every four hours, and ammoniæ valerianatis, gr. iij., every four huors, alternating with belladonna pills.

Dec. 31st.—Pulse 120. Left pupil more dilated than right. Tongue coated ; brown at centre. Noisy ; violently delirious through the night ; more delirium through the day than yesterday. Slight muscular twitchings when in bed. Head less thrown back. No rigidity of cervical muscles. Urine loaded with albumen ; phosphates increased ; urea absent ; a little pus ; no casts or blood. Twelve leeches to spine.

Jan. 1st.—Again violent at night; is weaker to-day. Mind wandering. Convulsions on standing erect less marked, but a general trembling taking their place. Constipated. ℞. Vini ergotæ, gtt. vi. With the ergot, laxative enema.

2d.—Quieter night. Generally delirious on first attracting attention ; responds rationally, but soon becomes incoherent. Convulsive action exists whenever patient stands up, or assumes a sitting posture. Micturition more difficult. Bowels still costive. To have magnes. sulph., ℥ss., and cider as a drink, freely.

3d.—Head more retracted than at any previous time. Delirious till 3, A.M. ; since that time unconscious. Slight whispering, muttering ; eyes half closed ; muscular tremor ; subsultus tendinum, with a pulse just perceptible, with irregular, hurried flutter, was his condition till his death, at 1½, A.M., of the 4th inst.

Permission for an autopsy was obtained too late to be availed of.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 14, 1867.

FEMALE PHYSICIANS.

The following communication has been placed in our hands, with a request for its publication. The subject of which it treats has hardly been brought before the medical profession here in the form in which it presents it, and from motives of courtesy, if for no others, we are willing to give it insertion.

Messrs. Editors,—Will you allow me, through your pages, to ask one or two questions of the medical profession, on a point sufficiently important to them and to the public.

The practice of medicine by women has the sympathy and aid of many physicians, the disapproval and dislike of others. But those who approve and those who object are alike obliged to acknowledge it as an established *fact*, which no desire or action of theirs can alter. Every year proves more clearly that women will study medicine, will receive legal qualifications to practise, and will be employed by the public. On these points the gentlemen of the medical profession have no choice whatever.

But the choice that does lie in their hands is whether they who fill the most honored posts in the profession will aid, control and regulate this movement, so as to bring out from it the best possible results; or whether it must go on in spite of them, they refusing to aid women in getting competent education, declining to give them the right hand of fellowship, and forcing them into a position of antagonism which is most to be deprecated for all parties.

I am quite sure that the most earnest women who study and practise medicine least desire that any standard should be lowered for them, or any vantage ground claimed on their behalf. All that they ask from their elder brethren are the means of competent education, thorough examination as to ultimate acquirements, and then, to those who prove themselves worthy, frank recognition and hearty coöperation in the practice of that healing art which ought surely to be unsullied by prejudices and unbarred by monopolies.

The questions, then, that I would ask are these:—Will the leaders of the medical profession coöperate in providing means for the thorough medical education of women? Will they judge them by exactly the same standard, and act to them on exactly the same principles, as would be the case with students and physicians of the other sex, leaving them to stand or fall on their own merits, neither helped nor hindered by preconceived opinions or foregone conclusions?

Yours obediently, A FEMALE MEDICAL STUDENT.

With regard to the remark that the practice of medicine by women is an "established fact," and that therefore it becomes the medical profession to act in such a way as to deprive that fact of the danger inherent in it, by providing for a suitable medical education for female practitioners, we would remark, that as an argument it savors strongly of its feminine source.

> "First, then, a woman will, or won't—depend on 't;
> If she will do 't, she will; and there's an end on 't,"

rises involuntarily to our minds as we read it. As an *argument*, its force is limited, in our opinion, to the scope of this couplet. Treating it seriously, however, the argument would apply with equal force to any form of error, delusion or wrong, which is none the less to be combatted because it may have the sanction of those, even of the highest social position, and whom we are ready to admire and love for every possible quality but that judgment and wisdom, the absence of which is too often to be lamented in those who in all other respects are most admirable. An "established fact" may often, and will often, in the order of Providence take its place among the dreams of the past if left to work out its own destiny.

But looking at the question simply on its own merits, it does seem to us that the time has come for the medical profession seriously to consider whether in excluding female aspirants to the labors and honors which they have heretofore regarded as exclusively belonging to the sterner sex, they are acting with the spirit of wisdom and justice which should characterize an enlightened age. To a limited extent, it is true, established schools of medicine, even in this country, have admitted female candidates for a medical degree. One of the female practitioners of medicine now practising in Boston has a diploma from a Western medical school. In the Medical School of Paris, also, we are informed, women are not excluded on account of sex. The courtesies recently extended to Dr. Mary Walker in England by the medical profession are fresh in the memory of our readers; albeit there were circumstances connected with her appearance before an audience of medical students which might well deter any but a most heroic spirit from willingly submitting to the repetition of such an ordeal. It would seem to be time that the question as to the status of female physicians among us should be definitely settled by adequate authority. It is a question, as we had occasion to remark some time since, quite independent of that of the standing of any existing school for the exclusive training of female physicians. Our correspondent, if we understand her aright, by no means takes the position of champion of any such institution—quite the reverse. What she wishes is the privilege of entering either of our State Medical Schools on an equal footing with the young men who have heretofore been the only pupils of those institutions. She is ready to meet the trial, which must be indeed severe for one who leads the way in such an innovation. We submit her questions to the medical profession, bespeaking for them a courteous consideration.

Massachusetts General Hospital.—At the Annual Meeting of the Corporation of the Massachusetts General Hospital, held on the 6th inst., the following resolutions were unanimously adopted:—

Resolved, That the Corporation of the Massachusetts General Hospital desire to place upon their records an expression of their respect for the memory of the late Dr. Augustus A. Gould, a Visiting Physician of this Institution for nearly twelve years, and of their grateful appreciation of his professional services and personal qualities, to which the Hospital and its patients have been deeply indebted.

Resolved, That the Secretary be requested to communicate these resolves to the family of Dr. Gould, and to assure them of the sympathy of the Corporation in their bereavement.

The Corporation elected the following officers:—*President*, Robert Hooper; *Vice President*, Edward Wigglesworth; *Treasurer*, J. Thomas Stevenson; *Secretary*, Thomas B. Hall; *Trustees on the part of the Corporation*, James M. Beebe, Charles H. Dalton, Samuel Eliot, George Higginson, John Lowell, Henry B. Rogers, Charles S. Storrow, Henry A. Whitney.

Spasmodic Asthma.—In answer to frequent inquiries, we are permitted to state that the author of the article on Spasmodic Asthma, which appeared in the JOURNAL of January 17th, was our late lamented friend, Dr. William E. Townsend, of this city. Had his life been spared he would probably have extended his paper to a much greater length.

Physician's Daily Pocket Record. By S. W. BUTLER, M.D., Philadelphia.—We have received from the Editor of the *Medical and Surgical Reporter* a copy of his new Pocket Record. It contains a perpetual calendar, list of new remedies, classified list of medicines with doses and prices, a table of proportional quantities, a chapter on poisons and their antidotes, one on disinfectants, one on the treatment of asphyxiated persons, of medicinal weights and measures, a table for calculating the probable duration of life, a table of fees, one of signs, a visiting list, with index, one for calculating the period of utero-gestation, an obstetric record, a vaccination record, a record of deaths, and blank leaves for memoranda. The visiting list is so arranged that it will answer for a year from any date. In the list of medicinal agents the principal articles of the Materia Medica are classified by their therapeutic properties, and these are arranged alphabetically—a very convenient plan, and at the same time this part of the volume is reduced to the smallest possible compass. As a whole, Dr. Butler may be said to have been entirely successful in preparing a very convenient Pocket Record, less cumbersome than some now in use, while it contains about all that can ever be needed in daily practice.

Election of City Physician and Consulting Physicians.—The City Government have re-elected Dr. William Read as City Physician, and Drs. John Jeffries, Winslow Lewis, Henry G. Clark, Charles E. Buckingham, and D. H. Storer, Consulting Physicians.

Sulphite of Soda in Smallpox. MESSRS. EDITORS,—In the JOURNAL of the 7th inst., I notice an extract from a communication by Dr. Nichol, relative to the use of sulphite of soda in smallpox. During the late war, while I had charge of the Post Smallpox Hospital at Smithland, Ky., I frequently made use of the same remedy, and, in upwards of forty cases in which I tried it, it proved to be of great advantage, both internally and externally. Applied to the pustules, in both distinct and confluent forms, it was of signal benefit in lessening the pitting, while it was a very soothing application on account of its refrigerant and antiseptic properties, which relieve the intolerable itching. A tablespoonful every *two* hours has produced a better effect than when given at longer intervals. I may say that the strength of the solution was the same as that of Dr. Nichol.

South Windham, Me., Feb. 11, 1867. WM. WIRT PIPER, M.D.

The Injuries to the Eyes, to which Engineers and Boiler-makers are specially exposed. By G. LAWSON.—It is really distressing to witness the number of eyes which are lost yearly by some of the most intelligent of all our mechanics, and simply from the fact that they will not take the easy precaution of wearing a pair of protectors when engaged at work which jeopardizes the safety of their eyes. Experience is of little use in teaching them prudence, for having lost one eye from an accident incidental to their employment, they often return to the same work as soon as they have recovered, without using any protection for their single eye, and in several instances they have been brought to the hospital after a lapse of time, with it also destroyed by a similar casualty.

The boiler-makers are more liable to accidents than the engineers, and they are usually of a more severe character. In striking hot rivets and in cutting cold ones, fragments of the metal become detached, and fly off with such violence as often to penetrate the globe, or to inflict on it an injury which is either irreparable, or else, if the eye recovers, to leave it permanently a damaged organ.

I have lately had some efficient eye-protectors made by Mr. Pillischer, the optician, 88 New Bond Street, which may be purchased for the moderate sum of *5s. 6d.* The only peculiarity about them is, that the glass front, instead of being of common glass, which is easily broken, is made of the best plate, 1-16th of an inch in thickness; the glass face is larger than in those commonly used by the men, so that the field of vision is scarcely interfered with, and the surrounding wire gauze is of the best material. They accurately cover the eye, and are maintained *in situ* by an elastic band around the head. They are efficient protectors, and would, if habitually worn by men who expose their eyes to constant danger, diminish to a very appreciable extent the number of eyes which are lost every year through the want of this simple precaution.—*Ophthalmic Hospital Reports*, in *Ophthalmic Review.*

Mortality of Childbirth as affected by the Age of the Mother.—The following are the conclusions on the subject arrived at by Dr. Matthews Duncan:—

1. Youthfulness has less influence in producing mortality from parturition than elderliness. 2. From the earliest age of childbearing there is a climax of diminishing puerperal mortality, succeeded by an anti-climax of puerperal mortality increasing till the end of child-bearing life. 3. The age of least mortality is near twenty-five years, and on each side of this age mortality gradually increases with the diminution or increase of age. 4. Above twenty-five years puerperal mortality increases at a much higher rate than it increases at corresponding periods below twenty-five years. 5. Though it is not deducible from anything in this paper, it is too interesting to omit noticing that the age of greatest safety in parturition coincides with the age of greatest fecundity, and that during the whole of child-bearing life, safety in parturition appears to be directly as fecundity, and *vice versa.*—*New York Medical Journal*, from *British Medical Journal.*

Cholera and Quarantine.—The *British Medical Journal* says, that it is the intention of the Egyptian government to institute precautionary measures against the importation of cholera by the Mohammedan pilgrims next year. The quarantine measures which it has been proposed should be adopted, have been framed with regard to both vessels and caravans, and are to the following effect:—All vessels with pilgrims are to be subjected to interrogation, and if found to have had cholera on board, are to be sent to perform quarantine. All caravans are likewise, if necessary, to undergo quarantine, for which special accommodation is proposed to be provided. And should cholera break out in the Hedjaz, it is proposed that no communication between that province and Egypt should be allowed by sea.—*Medical and Surgical Reporter.*

Qualifications for a Surgeon.—Every aspirant for surgical honors is sure to be told early in his course by some kind friend or other, that to be a good surgeon a man must have a lion's heart and a lady's hand. Well—he looks down at a hand of anything but feminine proportion, and looks back to his sensations at the first operation he witnessed; and he is apt to conclude that he has chosen the wrong path in life. By-and-by he finds that by constant practice in the use of instruments his fingers have acquired a new delicacy and flexibility; and he finds, too, that as the source of the lion's courage lies in consciousness of strength, so the moral courage and firmness typified by the lion's heart, may come to him as sure results of better knowledge and training, and self-reliance. Uncertainty and ignorance can hardly produce anything but cowardice or rashness; true courage is associated with judgment and reflection.—*Medical Times and Gazette*, from *an Introductory Address at St. Thomas's Hospital*, Oct. 2d, 1865, by WILLIAM M. ORD, M.B. Lond.

Ribbon from Spider's Silk.—Dr. B. G. Wilder exhibited a yellow band of silk of the *Nephila plumipes*, a geometrical spider, which had been woven into the middle of a ribbon by a power loom. The thread consisted of many threads reeled directly from several living spiders at the same time, and doubled and twisted. The exact number of threads is not known, and the specimen was prepared and exhibited simply to show the entire practicability of reeling and weaving it.

He had found the bite of this spider to be entirely harmless, it having bitten a young kitten severely six times, drawing blood quite profusely. No ill effects were noticed after the immediate pain of the bite had passed away.—*Proceedings of Boston Society of Natural History.*

Free Public Baths in Boston.—The *Commonwealth* states that the Bathing Committee are already preparing for the summer campaign. An additional bath-house will be built and located in the vicinity of Federal Street and Mount Washington Avenue bridge, enlarged and exclusive accommodations provided for women and girls, and, if possible, permanent hot and cold baths and a wash-house or laundry be placed in the basement of the new charity building on Chardon Street. A further supply of public urinals, also, is to be asked of the city government.

From the Report of the Committee of the City Government on Free Bathing Facilities, we take the following statistics for the year 1866:—Whole number of men bathers, 100,913; boy bathers, 280,941; women bathers, 14,050; girl bathers, 37,786. Total baths given, 433,690. Cost of the West Boston Bridge Bath to December 1, 1866, $4,213.04; Warren Bridge Bath, $2,357.82; East Boston Bath, $2,772.55; Arch Wharf Bath, $2,712.72; South Boston Bath, 2,308.25; Dover-Street Bridge Bath, 3,039.67. Total cost, $17,404.05. Average cost of each establishment, $2,900.67½; of each bath given, 4+ cents.

Washingtonian Home in Boston.—From the Annual Report of the Superintendent and Physician of the Washingtonian Home for the Intemperate, in Boston, we learn that there were admitted to the institution during the year ending Dec. 31st, 1866, 349. Returned second time, 34; third time, 18; fourth time, 6; fifth time, 2. Average number of days which each patient has remained in the institution, 27; average cost of sustaining each patient while at the "Home," $37.13.

Of those admitted there have been—Merchants, 56; clerks, 68; lawyers, 8; physicians, 6; clergymen, 3; printers, 11; actors, 4; chemists, 2. Balance comprising artists, mechanics, and one or more from almost every trade and calling, from the learned and scientific professions to the day-laborers.

In the Buffalo General Hospital the total number of patients treated since the opening, July 15, 1858, was 2894. Admitted during last year, 396; number of patients under treatment during the year, 456. Number of patients discharged well, 275; relieved, 89; not relieved, 27; died, 33; total, 424. Remaining December 31st, 1866, 32.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, February 10th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	45	43	88
Ave. mortality of corresponding weeks for ten years, 1856—1866	44.3	42.0	87.3
Average corrected to increased population - - - - -	00	00	96.18
Death of persons above 90 - - - - - - - -	0	0	0

Journals and Pamphlets Received.—Medical Record, Nos. 22 and 23.—Medical and Surgical Reporter, Vol. xvi., Nos. 1-5.—American Journal of Medical Sciences for January.—Medical News and Library for January.—Buffalo Medical and Surgical Journal for January.—Chicago Medical Examiner for January.—Cincinnati Journal of Medicine for January.—Medical Reporter, Nos. 21-23.—Nashville Journal of Medicine for January.—Richmond Medical Journal for January.—Atlanta Medical and Surgical Journal for January.—Galveston Medical Journal for May and June.—L'Union Médicale, Nos. 151-154, and Nos. 1-12 for 1867.—Journal de Médecine de Bordeaux, Janvier, 1867.—London Lancet (reprint) for January.—American Journal of Pharmacy for January.—Chemist and Druggist for January.—Journal of Materia Medica for January.—Detroit Review of Medicine and Pharmacy for January.—Druggists' Circular, January and February.—Boston Journal of Chemistry and Pharmacy, No. 4.—Dental Cosmos for January.—University Journal of Medicine and Surgery, Nos. 8 and 9.—American Eclectic Medical Review for January and February.—New England Medical Gazette for January.—Medical Investigator for January.—Herald of Health for February.—United States Medical Journal for January.—Hall's Journal of Health for February.—Phrenological Journal for February.—Proceedings of the American Pharmaceutical Association for 1866.—Third Annual Report of the Trustees of the City Hospital, Boston.—Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane.—Annual Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane for 1866.—Eleventh Annual Report of the Births, Marriages and Deaths in the City of Providence, for 1865.—Medical Communications and Proceedings of the Connecticut State Medical Society for 1866.—La Maladie dans le Plan de la Creation. Par le Docteur B. E. Cotting. Traduit par Gaston Garnier, Paris.—Œsophagotomy for the Removal of Foreign Bodies. By David W. Cheever, M.D.—Reports of the Directors and Superintendent of the Washingtonian Home, Boston, for 1866.

Communications Received.—Otitis Externa; by Henry L. Shaw, M.D.—Report of the Operations performed in the Ophthalmic Department of the City Hospital, Boston, during the year ending December 31st, 1866; by Henry W. Williams, M.D.—Case of Facial Paralysis; by John H. Gilman, M D., Lowell.—A communication on the Eustachian Tube; by Ephraim Cutter, M.D.

Married,—At San Francisco, Cal., 14th ult., George H. Powers, M.D., to Miss Helen W. Hunt, both of San Francisco.

Died,—At Ancram, Columbia Co., N. Y., Jan. 31st, Dr. C. Niver, aged 52 years.

Deaths in Boston for the week ending Saturday noon, Feb. 10th, 88. Males, 45—Females, 43. Accident, 2—anæmia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 5—bronchitis, 3—consumption, 16—convulsions, 2—croup, 3—cystitis, 1—debility, 1—diabetes, 1—diphtheria, 2—dropsy of the brain, 2—scarlet fever, 4—disease of the heart, 2—hernia, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 8—marasmus, 1—measles, 2—old age, 3—peritonitis, 1—premature birth, 1—puerperal disease, 4—scalded, 1—smallpox, 8—syphilis, 1—teething, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 34—between 5 and 20 years, 12—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 14. Born in the United States, 60—Ireland, 20—other places, 8.

THE

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CASES OF AMPUTATION OF THE CERVIX UTERI.

By William Warren Greene, M.D., Professor of Surgery in Berkshire Medical College, and in the Medical School of Maine.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—Mrs. S., of Sweden, Me., aged 35, the mother of three children, consulted me in the fall of 1855 with regard to pain through the pelvis, sometimes of a dull, often of a lancinating character. She had more or less sense of "dragging and weakness," and quite an abundant leucorrhœal discharge, sometimes tinged with blood. Menstrual discharge profuse. Her appetite was impaired, digestion feeble; she slept badly, and of late had been losing flesh and strength. A vaginal examination revealed hypertrophy of the lips of the os uteri, which were hard, nodulated and covered, as was also the lower portion of the cervical canal, with warty vegetations, varying in size from a small shot to that of a bean. No ulceration, no tenderness. The upper portion of the cervix seemed to the touch healthy, as did the body of the organ as examined by finger and sound. I was in doubt whether I had here a case of genuine scirrhus, or of epithelioma. But believing that if it were the first, an operation would afford temporary relief and postpone the fatal termination, and if it were the latter a cure would in all probability be effected, while if left to itself it would run the course of malignant disease, I unhesitatingly advised amputation of the cervix. After a few days' consideration she consented to the operation, which, with the assistance of the late Dr. Blake, of Bridgeton, and Mr. Barker, medical student, I performed in the following manner.

The patient, being etherized, was placed in the ordinary position for lithotomy. I then seized the diseased mass with a strong pair of Museux's forceps, and gave them into the hands of an assistant, with directions to hold the organ firmly and steadily, and at the same time to make gentle traction downwards. I then carried the chain of the ecraseur around the cervix above the nodulated portion and tightened it. So small was the healthy surface that as the chain grew tense under the successive revolutions of the screw, the tissues above were dragged into its grasp to such an extent, that I feared if I persisted with this instrument I might open the peritoneal cavity. Therefore, after thoroughly compressing the parts without dividing, I removed the ecraseur, and dragging the mass down into view, made the section with a strong, curved, probed-pointed bistoury. This left a smooth stump, the hæmorrhage from which was but slight, and was readily controlled by Monsel's solution.

There was very little shock following the operation. Immediately after consciousness returned, she got half a grain of morphia, which, in smaller doses, was repeated *pro re natâ.* She was kept quietly in bed for ten days, and had a bland diet. The bowels were moved the fourth day after excision. On the eleventh day, she sat up for half an hour without discomfort. In three weeks the stump was smoothly healed, and in two months after, she came to my office, having gained in flesh and strength, and declaring herself entirely free from her "old troubles." Menstruation regular in time and quantity. Three years afterwards she was well. Since that time I have not heard from her.

Case II.—In October, 1865, I was called by Dr. O. E. Brewster to see Mrs. ——, of this place, aged 55. She had been ill for about nine months, and complained of a general failure of strength, a capricious appetite, an irritable stomach, constipated bowels, "strange sensations" in the head, palpitation, wakefulness, and had lost much flesh; was too weak to exercise, and much of the time kept her bed. She had been treated for eight months by homœopaths for "liver complaint" without avail, when she consulted Dr. Brewster. Under his management, the various functional derangements were readily controlled for the time being, but would recur without any apparent cause; and although he had put her upon a decided tonic course of treatment she did not respond to it.

Upon a careful interrogation of the different organs no evidence of organic disease was found, and by a rigid process of exclusion we were forced to believe that her sufferings were the result of uterine irritation *reflected* to the various organs whose functions were disturbed. But to such a suspicion the patient objected that she did not suffer and never had suffered any pelvic pain or distress of any kind, or leucorrhœa. But although an exceptional case, I had seen such before, and urged an examination, to which she consented. The cervix uteri was considerably elongated, the lips hypertrophied to quite three times their natural size, very hard to the touch, but smooth; everted very much, and their inner surfaces the seat of what is often described as "dry ulceration." No pain or tenderness on pressure. The body of the organ appeared healthy.

I suggested a thorough trial of iodine to the parts, although having but little faith in removing the disease by anything except a radical operation. Dr. Brewster used this remedy faithfully for several weeks, but without producing any appreciable change, either local or general, and I advised excision, which was performed. The patient, previously etherized, being placed in the lithotomy position, I seized the mass with Museux's forceps and dragged it into view, and while Dr. B. held it thus firmly, I, with a bistoury similar to the one used in the first case, divided the neck just below the reflection of the vaginal mucous membrane from its surface. The hæmorrhage was inconsiderable, and was readily checked by the persulphate of iron. There was no shock following the operation. From this time she began to convalesce. In three weeks she was able to walk about the house, slept and ate well. The stump was quite tardy in healing, but at the end of eight weeks was completely cicatrized, and she continues a strong, healthy woman to-day. Dr. Paddock examined the speçimen under the microscope, and pronounced it epithelioma.

Case III.—In the spring of 1862, I was called to see Mrs. ——, aged 34, in consultation with Dr. Wheeler, of N. Becket. She had been a great sufferer for years from inflammation and ulceration of the cervix uteri, from which she had been for several months confined to her bed. There was also some endo-metritis, but the cervicitis was evidently the primary trouble. A vaginal examination revealed hypertrophy of the neck, both in its axis and diameter; the os dilated and the cervical canal so expanded as to readily admit the forefinger to the os internum. The parts were very tender to the touch. There was profuse leucorrhœal discharge, which was seen through the speculum to come both from the external and internal surfaces of the cervix (that from the internal being clear and very tenacious), both of which surfaces were in places ulcerated or abraded. She suffered more or less of pain and the various reflex phenomena which almost always present themselves in one form or another in such cases, but the symptom more prominent than all others was an intolerable, uncontrollable itching of the pudenda and inner and upper portion of the thighs. There was no eruption or any sign of disease of the skin whatever, but so severe was the irritation that she was unable to get any rest except by the aid of large doses of morphia, which she had become habituated to taking. Under the influence of thorough local depletion, iodine, glycero-tannin, &c., she was soon on her feet again. The ulceration healed, and the lips of the uterus diminished in thickness, but the elongation remained—two and a half inches—and the expanded condition of the cervical canal, from which a little tenacious mucus was always hanging. It admitted the finger, and fitted it like a glove. Still, also, in a greater or less degree, the itching persisted, varying very much at different times; under the application of leeches or a saturated glycerole of iodine almost entirely disappearing, to re-appear when the effect of the treatment had passed away, and to be aggravated by any cause which produced congestion of the organ.

Thus the case went on until January, 1866. She was now in excellent condition, with the exception of this one symptom. Having exhausted all resources at my command, both so far as treatment of the uterus was concerned and appliances to the external parts as well, and being convinced that the external irritation was purely a reflex matter, and that the interstitial changes in the cervix were such that any topical medication was powerless to restore it to its normal condition, I advised its removal, to which she readily assented. Accordingly, with the assistance of Dr. Smith, of this place, I amputated the organ, the operation being conducted in the same manner as in the preceding ones, except that here I used the ecraseur, which divided the tissues, leaving a beautiful, smooth stump, with no hæmorrhage. She was kept in bed for ten days, on a light diet. But very little anodyne was required. The bowels were moved on the fifth day. In three weeks the stump was entirely healed; *no itching* since the operation, and she is to-day in excellent health, and menstruates regularly.

The above is the sum-total of my own experience in this operation—one which I believe to be of great value in *properly selected* cases. Of course, these are comparatively rare. I was called a few weeks ago to see a lady who was almost moribund with "cauliflower excrescence." The vagina was filled with the mass, but on carefully exploring the parts I was enabled to carry the finger by it and reach the cervix, from the lower portion of which this painful, bleeding mass sprouted. The upper portion seemed healthy, and I have no doubt if amputation had been practised two months before she would have been saved. She was, however, too much exhausted by pain and hæmorrhage to allow of any operative procedure, and she died in three days.

Pittsfield, Mass., January 22d, 1867.

REPORT ON CHOLERA IN BOSTON AND VICINITY DURING THE YEAR 1866.

(Continued from page 37.)

WITH regard to the cases on Davis and Washington Streets, and Fellows Court, the Committee would state, that they all occurred in the immediate vicinity or directly in the midst of a large sunken area, which is nothing more nor less than a pestiferous quagmire, receiving into it a large part of the drainage of the surrounding vicinity and many of the tenements in its neighborhood, which are mostly occupied by the laboring and poorer classes. It would be hard to conceive of a combination of circumstances more unfavorable to the health of the residents in that vicinity. The fact that the greatest number of cases of cholera, in a given period of time, occurred in this locality, should receive not only the attention of medical men, but of the city authorities both of Boston and Roxbury. The Committee have reason to believe that a considerable number of cases occurred in the immediate vicinity of this locality which presented marked choleraic symptoms, but recovered, and have not been reported to them.

The Committee have not thought it their duty to enter upon the discussion of the various disputed questions connected with the subject submitted to their consideration, but have limited themselves to an examination of the cases reported, the results of which they have now laid before the Society. In order that the Society may have a more definite impression of the character of these cases than is given by the table which has been presented, they submit the following abstracts from reports of different gentlemen.

Reported by Dr. L. R. SHELDON.

Mrs. P. W. [No. 10 of the table, where it is erroneously printed as reported by Dr. Arnold], East Canton St., aged 43 years, and mother of eleven children. Was attacked with diarrhœa, some pain in the bowels and severe nausea, at about noon of September 2d, 1866. At about 9 o'clock, P.M., she considered herself better of the diarrhœa, and did not call for professional aid until 5, A.M., September 3d. I saw her a little before six o'clock, and remained with her about an hour.

Rice-water discharges had been frequent and profuse. A large amount of epithelium was seen floating in the vessel that was last used; did not examine it with the microscope. Cramps very severe in the left side; also in legs, but not so severe as they had been during the night previous; discharges at that time involuntary; surface very cold and dark, and much shrivelled. The patient's mind being very clear, I asked her if she had passed any urine, and she answered, no; but the attendants gave a different report, which was that she had been passing water all the time, and had passed nothing but water. I believe both parties were right, but that the "water" was from the bowels, not from the bladder. Pulse at wrist not perceptible at 6, A.M.; at 10, I thought I could detect a slight pulsation.

The treatment consisted of external heat, friction and stimulants; beef-tea and subcutaneous injections. Opiates had been given during the night before I saw her, but were immediately rejected by the stomach. The first subcutaneous injection was made upon the left side, near the region of the heart, where the cramps were at that time most complained of. The cramps subsided in about ten minutes after the injection of one fourth of a grain of sulphate of morphia. She continued very restless and thirsty until 10 o'clock. The cold, blue, shrivelled and cadaverous appearance continued also. She died at 11, A.M.

I could not produce any effect whatever by treatment, except that the cramps ceased a little earlier on account of the subcutaneous injection. The patient was plethoric, and had, in the absence of a servant, been at work over a hot range in the kitchen for two or three days prior to her attack. She had not been exposed to any other cases of cholera or diarrhœa, nor had she lived in any infected place. She had been an unusually healthy woman, and a person of active habits. I have known her about eight years, and have delivered her of three strong children during this period. She has never had any sickness during my professional acquaintance with her, except a mammary abscess.

I advised disinfecting some of the bedding and burning the rest, which was done. The room was aired and cleansed, and was immediately occupied. No other cases occurred in the house, although the family was large and had all been in the room during the latter part of her sickness. No case followed exposure to the dead body.

Miss P. [Case No. 13 of the Table], aged 28 years. Residence in a very healthy part of Brookline. She came to visit her brother in Boston, who resides in Chester Park, and was taken with vomiting of a colorless fluid on the 5th day of September, the second day after her arrival in the city.

I saw her on the morning of the 6th, and found her quite comfortable, with the exception of weakness and occasional vomiting. Her general appearance was such as to create some alarm; but she told me that she was subject to turns of vomiting and headache. There had been no preliminary diarrhœa. There was vomiting of rice-water material. On the 7th of September cramps in legs came on, but were not severe. Blueness and shrivelled appearance of the skin were scarcely to be observed at 8, A.M., on the 7th. The urine was suppressed; the surface slightly cool; pulse feeble; no apparent occasion for alarm at 9 o'clock, A.M. I saw her in the condition described at 9, A.M.; she was at this hour in a jocose state, and talked quite freely in that vein. At 11, A.M., I was sent for in haste, and, going immediately to her bedside, found her dead!

The treatment at first was heat to the extremities, sinapisms to the stomach, and the following powder:—℞. Hydrarg. submur., gr. iv.; morphiæ sulph., gr. i. Ft. chart. No. iv. One to be given with dry sugar, and repeated if the first was rejected by the stomach. She retained the first about two hours, when it was rejected, and another given. This course was followed during the night of the 6th, each powder being retained longer than the preceding one; yet no color made its appearance in the matter vomited. A remark that she thought she should feel better if she should have a movement of the bowels, led me to examine the condition of the abdomen, where I found no distension and no tenderness; there was no desire to go to stool. I did not give a cathartic as she desired, but advised stimulants freely. This was at 9, A.M. She died at 11, A.M.

As soon as she was dead, a very large quantity of the rice-water discharge passed from the bowels—enough to completely saturate her bed. A large amount of epithelium was found in this discharge, as was shown by examination by the microscope.

I could not learn that Miss P. had been exposed to any other cases of cholera or to cases of diarrhœa, or had been guilty of any personal indiscretions. She had not lived in or visited places known to be infected.

Every precaution was taken to destroy and to disinfect clothing and bedding, and to purify the room. No other sickness of a severe form followed in this house.

Another case which, perhaps, should be classed as cholera, which fairly represents a considerable number which I have not given in detail, is as follows:—

Mr. C. W. C., aged 76 years. On September 5th came directly from State St., and arrived at his house near Chester Park at 2, P.M., feeling, as he says, perfectly well for some ten minutes after he had reached the house. He then had a sudden call to the water-closet, where he had a profuse discharge from the bowels; he felt very weak, but got to his bed, which was on the same floor. He very soon vomited a large amount of colorless material; prostration extreme. I was at this time called up to see him. I gave him at once two ounces of old French brandy, with two teaspoonfuls of the tincture of ginger.

Being obliged to leave him for half an hour, when I returned I found that he had vomited again, and had had severe cramps in the extremities. The surface was cold, shrivelled, very livid; discharges involuntary and colorless, but having a slight fæcal odor. Another large portion of brandy and ginger was given immediately, and was retained by the stomach. External heat and frictions were used thoroughly. Reaction took place in about one hour.

I give this one case as typical of many that I saw at about the same time.

I ought here to state that every patient whom I saw that was attacked violently and took large doses of brandy or whiskey early, reacted sooner and invariably recovered. One patient was having very severe cramps, vomiting and purging, who at the same time was thoroughly intoxicated. In these cases subcutaneous injections of morphine generally relieved the cramps, and reaction took place in a few hours.

Reported by Dr. Arnold.

September 2d. Mrs. Brady [Case No. 9 of the Table], a married woman, aged about 40 years, residing on Davis St., Roxbury. She had been in usually good health. In the morning was attacked with slight diarrhœa, which at 1 o'clock had become more violent, and was attended with cramps and vomiting. For two hours or more previous to my arrival—4½ o'clock, P.M.—the cramps were represented as having been exceedingly violent, vomiting almost constant, the discharges being profuse and " like water full of floating specks." At the time of my arrival and afterwards, there was very little of either cramps, vomiting or purging. She had a peculiarly anxious expression, with sunken eyes, voice husky and sepulchral, no pulse, and a cold, clammy skin. The body, even at the pit of the stomach and in the axilla, was far below its normal temperature. The skin was shrivelled, and the tissues beneath were so shrunken that it remained in folds whenever pinched up; thirst constant and insatiable; tongue and breath cold; the whole aspect of a peculiar dusky hue, as if *post-mortem* changes had already begun beneath the skin; the fluids of the body were very much diminished. Various restoratives were administered, with only the slightest, if any effect.

This case occurred in the middle one of a block of five houses, situated upon native soil, to each of which the exposures were the same. No evidence can be obtained of the disease having been brought to the patient, or her having contracted it from any apparent cause, direct or indirect.

Cases of the second group occurred in Fellows Court. These were distinct from the first group only in being independent of them as regards exposures. There was no intercourse or communication between them, nor was there any especial similarity of circumstances.

On Sept. 3d, was called in the evening to see Miss A. [Case No. 11 of the Table], a German woman of about middle age. Not being at home, Dr. Morse was called, and afterwards Dr. Sheldon. I learn similarity of symptoms to the first case above described existed, and the case terminated fatally before morning. She had that day been to South Boston, and had been as well as usual. I mention this case because of its intimate connection with one following. In the same house, on Sunday, Sept. 9th, I was called to see Mrs. Kolb, a sister of case preceding [Case No. 19 of the Table]. She had had profuse diarrhœa and some cramps. Algide appearance not well marked; breath, tongue and extremities cold; pulse rapid and feeble; great thirst and obstinate vomiting. Subsequently in the day the symptoms became aggravated, and were attended by great emaciation and prostration. The most powerful stimulants seemed to be of no avail. She rallied, however, and towards the close of the following day her symptoms became better. Being obliged to leave town for a day or two, the case passed from my hands. I learned, however, that reactionary fever set in, and she died.

In the treatment of these cases, stimulants, when tolerated, were wholly ineffectual. Astringents seemed to be of no use whatever. Opiates, to a certain degree, proved useful in subduing pains. In fact, of the various means tried, nothing seemed to be of especial benefit or to affect materially the progress of the disease. Five of the six cases proved fatal.

Reported by Dr. H. G. Clark.

The undersigned reports one case of cholera, at No. 16 Bridge St. July 23d, 7, P.M. Mrs. W., 30 years old; Irish; mother of three children. Reported to have been sick for twenty-four hours; the last twelve having had frequent watery discharges and vomiting; the last four hours cramps in the calves of the legs; no urine since last night. Now, vomiting and purging; cramps; loss of voice; pulse small, 130; skin dry, but cool, pinched and bluish; eyes sunken and bloodshot.

24th, at 8, A.M.—Vomiting and cramps ceased after midnight; has had two or three rice-water discharges; no urine; skin and pulse the same. 7, P.M.—No dejections or vomiting; five or six ounces of urine passed. Has slept half an hour, at several intervals, and expresses herself as better.

25th, 8, A.M.—More color; better pulse, 100, and has slept several hours; more urine. 9, A.M.—One small dejection, with some odor and color. Convalescing, with appetite, but feels very weak.

Treatment.—Hot rice-water, well peppered, and strong coffee, one ounce of each, alternating at intervals of two hours. Sulphuric acid, five drops in one ounce of water, every hour, with half an ounce of beef-tea. No other food or drinks permitted. Dry warmth to abdomen and legs.

Locality, &c.—Tide-water sometimes in cellar; chickens in the yard, which is small and dirty. A drain from a sink used by families up stairs discharging into it. House ill ventilated and overcrowded.

Reported by Dr. A. B. Hall.

September 11th, 1866. M. G. L., a girl aged 2 years. Resided in Carroll Place. This child had a slight diarrhœa in the morning early, and appeared a little depressed; slept an hour. At 11 o'clock vomiting, purging and cramps commenced. The discharges were clearly rice-water in character, and continued, with the vomiting and cramps, till 1 o'clock, when I saw her for the first time. She was then pulseless; extremities cold; surface blue; lips livid; half unconscious; eyes sunken; in fact, she was in the stage of collapse, and died in fifteen minutes afterwards, or two and a quarter hours from the time the vomiting and active symptoms commenced. The mother thinks she passed no urine during the morning hours.

A boy, 4 years old, living in the house adjoining, died four days before, with the same train of symptoms. He was sick three or four days. The mother of the girl was with him every day during his sickness, and the last day her daughter was present, and about his bed most of the time. The houses where the children died are at the lower end of the place or court. I did not see the boy during his sickness. His death was returned as cholera morbus.

November 4th, 1866. Antoine De Silva; Portuguese; aged 33; seaman; at No. 10 Cooper St. The patient was a stout, robust, muscular man, having been in Boston only eight or ten days. He came from the coast of Africa, where there was much sickness when he left. He was married, and the father of two children. At one time he had chronic diarrhœa for ten months; was subject to relapses from time to time.

Nov. 3d.—A diarrhœa, with copious discharges, commenced; after standing a few moments in the vessel, the discharges became frothy. On Sunday, the 4th, he had rice-water discharges, vomiting and violent cramps. The vomiting and discharges were quite frequent, and the muscular contractions of the lower limbs very painful. When I saw him he was in a collapsed stage; pulse absent; extremities cold; skin bluish; great thirst; bladder empty; mind clear. Morphia (in small doses) and bismuth checked the vomiting, but not the dejections; stimulants failed to restore the pulse.

5th.—Condition of the patient the same, except the vomiting. The temperature of the room was elevated to 96–100°. With this increased heat of the atmosphere in the room and stimulants of hot brandy and water, with external use of mustard baths, the warmth of the body gradually returned, and the patient ultimately recovered. During three days he did not pass any urine.

This man was sick about ten days. He was pulseless most of the time for the three days during the time when there was no secretion of urine. At no time was there aphonia or delirium. The heated atmosphere of the room did much to restore warmth and equalize the circulation. This man had indulged in some irregularity in eating the night previous to his attack. He resided only a few rods from where the children died in Carroll Place.

Reported by Dr. J. L. Williams.

Having suffered from a disagreeable, though nearly painless diarrhœa (which I tried unsuccessfully to check by such moderate doses of tincture of opium as would not interfere with my avocations), accompanied by lassitude and great nervous depression for ten or twelve days previous, I was taken suddenly worse on the evening of the 25th of September. At first, sharp purging of fæcal and watery matter, then sudden and violent vomiting, first of unaltered ingesta (a light supper of tea and dry toast), then of the characteristic rice-water fluid, which was expelled with much force, but without the slightest feeling of nausea, and without premonition. The first characteristic alvine discharge was very copious; afterwards (I think from the effect of the remedies used), though frequent (ten or twelve during the night), they were quite scanty. The cramps were not a prominent symptom, affecting principally the muscles of the calf, and slightly those of the abdominal walls. They were severe only at one time, and then for about three or four minutes. I suffered more from a sensation of burning heat and from extreme oppression at the præcordia than from any other symptom. Pulse at one time 44, thready. No secretion of urine until the afternoon of the following day. When attacked, I was in my office, and was unable to get home; and when I became aware of the danger of my condition, as no one sleeps in, or remains in the building after six o'clock, I tried to call a policeman to get me a coach, but was unable to, from complete aphonia, although I retained sufficient strength to reach the water-closet in the same room.

As to the treatment. When I became thoroughly alarmed, knowing that I was alone in this large building (Commercial Block), and remote from assistance, being convinced of the futility of trusting to small doses, I took at once tr. opii, f ʒ ij.; ætheris, f ʒ i.; tr. capsici, gtt. l.; spt. vini Gallici, f ℥ iij.; aquæ, f ℥ iss. M. This was retained for about twenty minutes, and I think had a most salutary effect. I had to repeat half the above dose four times at varying intervals, and about three o'clock the cramps had entirely left me; the discharges ceased, and I slept until nine o'clock, from which time I began to recover, but for four weeks I was quite feeble.

With regard to exposure to any exciting cause I would say, that my office is in Commercial Block—a large granite building—very favorably located for sanitary influences (with two exceptions, stated below), fronting on the water, opposite the Eastern Packet Pier; circulation of air, excellent. Office up stairs, one story, and no dwelling houses in the vicinity. The light is as good as the ventilation, the sun shining in the greater part of the day.

The two exceptions above mentioned are:—1st. In hot weather, for about two hours at low water, the mud of the dock basin opposite being exposed, and one (and I am not certain but two) of the common sewers discharging therein, when the wind is from the east and light, the smell is peculiarly oppressive and sickening. The other exception is the fact that the water-closet, which is in the large apartment with which the office communicates, is used by the people on the lower floor, ship-chandlers, and they often send their customers and other strangers, chiefly seafaring men, up to use it; and it is consequently, at times, somewhat of an annoyance, and *might*, haply, become a focus of infection, if used by any one suffering from cholerine.

Reported by Dr. B. E. Cotting, Roxbury.

Sept. 28. P., aged about 40 years; occupation, piano-forte-key maker; residence, Myrtle St., Roxbury; preliminary diarrhœa slight, principally on the afternoon previous to the attack in the night; discomfort in abdomen all that day. Rice-water discharges, in great quantity, from bowels; also vomited. Cramps, not very severe, in legs. Blueness and shrivelled skin quite marked. Urine suppressed forty-eight hours, or thereabouts. Pulse at times apparently gone, for hours scarcely perceptible.

Treatment.—Tinct. opii, heat to surface, especially the extremities; bed, good nursing.

Result.—Recovery; convalescence rapid; went into the country a week afterwards.

The patient had not been exposed by contact with other cases of cholera or diarrhœa, by personal indiscretions, by living in or visiting unhealthy or infected places. The patient had a good home, and lived well. I have not known any case to follow exposure to this one under my care.

In some cases I have known exposure to dead bodies and their effects *without* any ill results—for instance, I saw repeatedly many (a dozen or more) *kiss*, and otherwise handle the dead and their effects; have known soiled beds, &c., to be sent to public cleansers; and, in another case, even to be used uncleansed immediately (the same and subsequent nights) after the dead was removed therefrom, without any injurious consequences resulting from any of these exposures.

I have been informed that there was a great wake over the first of the "Davis St. cases," Roxbury, and that all who afterwards succumbed (of those cases) had either been at the wake or were intimates of the family.

Reported by Dr. W. W. Wellington, of Cambridgeport, Mass.

September 17, 1866. Mr. J. P., aged about 55; printer; residing on Brookline St., Cambridgeport. At 8, A.M., after a rather restless night, he began to have pain in the bowels, accompanied with diarrhœa. This was followed by vomiting. What was passed from the bowels, and what was vomited, was described as having the appearance of rice-water. Vomiting and purging continued through forenoon.

At 3, P.M., when first seen, he was in a state of collapse. Pulse was hardly perceptible; skin cold, shrivelled and blue; tongue cold; severe cramps in legs; no urine so far as known; voice reduced to a whisper; considerable thirst; mind clear; restlessness; dejections in bed and involuntary, the nature of which could not be made out, but probably of the "rice-water" character. Continued thus through the night, and died at 8, A.M., on the following morning.

Treatment.—Stimulants, in the form of brandy and wine whey, freely; external heat to body, especially extremities; sinapisms to epigastrium and legs. For the first few hours, thirty drops of the following, every half hour in water. ℞. Spts. lavendulæ comp., f ℥ ss.; tr. capsici, f ʒ i.; spts. camph., tr. opii deodoratæ, aa f ʒ ij. M. Afterwards, six minims of chloroform, dissolved in alcohol, mixed with water, were given every half hour. Broth, beef-tea, milk punch, were freely administered. Treatment had apparently no effect whatever, either good or bad.

This patient had no preliminary diarrhœa; had not been exposed in any way to other cases of cholera or diarrhœa: had committed no indiscretion in diet, or in anything else, so far as known;

lived in a healthy locality; premises were remarkably clean and neat; cellar, &c., had been whitewashed and cleansed in the spring in view of the possible coming of the cholera; drainage was good; in fact, after diligent examination and inquiry, no cause for the disease could be discovered.

After death, the premises were thoroughly cleansed; disinfectants were freely used; all clothing and bedding, which could not be washed and disinfected, were burned.

Mr. J. P. died on Monday. On Tuesday afternoon his wife was taken sick, and died the next morning. She was attended by a homœopathic physician (Dr. H. L. Chase), and from his report of the case there can be no doubt that she died of cholera.

There were three or four other persons living in the same house at the time; none of these had the disease, or anything resembling it.

On the 30th of July, 1866, on the same street, and a few rods from the house occupied by Mr. J. P., I was called to see a patient with symptoms similar to those just described. She was a woman aged 50; had been sick several hours with vomiting and diarrhœa; discharges copious, thin, and darker than rice-water. Found her greatly prostrated; pulseless; voice reduced to a whisper; face livid; extremities cold; with cramps in legs; but no vomiting or dejections after I saw her. No previous diarrhœa; locality healthy; had been exposed to no cases of cholera or diarrhœa. Under treatment, similar to that described in preceding case, she rallied, and was well in a few days. No other members of the family were affected with similar symptoms.

The reports which have been received, as appears by the above cases, show beyond question that the educated and uneducated, the wealthy and the poor, the old and the young, the prudent and the imprudent, the resident and the non-resident, furnished victims to this disease. They also show that locality does not afford complete protection from this pestilence; but that the majority of the cases that occurred during the year 1866 were in the most unhealthy localities, and that the mortality was the greatest soon after the excessively warm weather in the early part of September.

Out of the 37 cases reported there were 18 deaths, of which 2 were physicians, 6 married women, 2 unmarried, 1 child, a girl, 2 mechanics, 3 laborers, 2 seamen.

Respectfully submitted by the

Committee,
L. R. Sheldon, M.D.,
Henry G. Clark, M.D.,
S. L. Abbot, M.D.,
William Read, M.D.,
J. B. Upham, M.D.

IMPOTENCY FROM DEVIATION OF THE SEMINAL DUCTS.

[Read before the Suffolk District Medical Society, January 26th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By W. F. Munroe, M.D., of Boston.

A man, 28 years of age, of medium stature, naturally formed, and has always had good if not robust health. According to his own account, which I see no reason to doubt, has practised masturbation seven or eight times in as many years, and upon no one of these occasions has the orgasm been followed by an emission. During the past three or four years he has been waked at night, at intervals of two or three weeks, by erections followed by an orgasm and the consequent weary feeling, but by no emission. Being frightened by this, he sought a remedy in marriage some two months ago; since which time he has had sexual intercourse, with the usual phenomena, excepting the lack of emission. There is evidently no want of virile power, but from what I can learn I should judge that the orgasm is somewhat tardy. The conformation of the parts is normal, and the patient denies any past trouble with his urethra or bladder, or any old injury in the vicinity. I first requested him to press the urethra from the bulb to the meatus, shortly after connection, carefully indicating the *modus operandi*. As the only result was a drop or two of clear mucus, I requested him to watch the first water passed after connection and to save me a specimen. This he did, saying that the ropy sediment, which the microscope showed to contain abundant normal spermatozoa, appeared to pass out with the urine during the whole period of micturition. Examination of the urine at other times showed nothing abnormal.

The two most obvious explanations were: a lack of force in the muscles aiding ejaculation, or a spasmodic stricture of the urethra, preventing the escape of the seminal fluid; but the fact that the semen passes from the urethra during the whole period of micturition, instead of with the first jet, makes the first improbable, while the ability to pass water immediately after an orgasm obliged me to give up the second. At the time of urinating there is no voluptuous sensation or any feeling in the region of the bulb which would lead me to suspect an emission at that time. Such an hypothesis would be contradicted by the evident virile power of the patient; whilst the invariable presence of semen in the first urine passed after an orgasm is so much positive evidence in favor of deviation.

Reasoning by exclusion, then, no other explanation remains but that of a congenital deviation of the seminal ducts, by which their contents are thrown backwards into the bladder instead of forwards. Lallemand is the only author I can find who refers to such a malformation, and he only in a very cursory manner. The only remedy likely to be of any benefit would be an operation by which the verumontanum, and with it the orifices of the seminal ducts, may be drawn forward by a cicatrix produced by cauterization of the lower part of that portion of the urethra immediately anterior to this region. Before I could decide whether an attempt to do this would be justifiable, I lost sight of the patient.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. BY SAMUEL W. ABBOTT, M.D., SECRETARY.

THE Middlesex East District Medical Society met in Woburn, on the 16th of January, at the house of Dr. E. Cutter. Seventeen members present.

Abscess of the Mediastinum involving the Pneumogastric Nerve.--Dr. Winsor related the case. Patient, a boy, aged 17, at first attacked with a painful swelling on the upper lip, appearing like a small carbuncle. *Treatment.*—At first, opiates and soothing poultices. Liquid nourishment. An erysipelatous redness soon set in, and his strength rapidly failed. He had dyspnœa, but auscultation revealed nothing. A stimulating treatment was adopted. The patient died.

Autopsy.—The lungs were found engorged. An abscess had formed in the medastinum, involving the left pneumogastric nerve: thus illustrating the fact mentioned in Virchow's Cellular Pathology (Chap. 14), that lesions of the pneumogastric nerve are followed by paralysis of the rima glottidis and hyperæmia of the lungs.

Malformation of the Vagina.—Dr. W. S. Brown related a case of malformation of the vagina, existing in a newly married woman, and preventing coition. The malformation consisted in a vertical septum. There was also enlargement of the uterus, a sound passing into it to the extent of three and a half inches. A portion of the septum was removed by the ecraseur, after which a speculum could be passed, revealing two ora uteri, and apparently a double uterus.

Rupture of the Aorta.—Dr. Harris related a case of rupture of the arch of the aorta. The patient was a man, 44 years old, accustomed to hard labor, and frequently working until eleven o'clock at night. He was first attacked with a convulsion, attended with severe prostration, cramps in abdomen and extremities, vomiting and involuntary discharges, livid countenance, cold extremities, as in cholera. There was no pulse at the wrist, and the heart's action was but just perceptible, about 40 per minute. Next morning he was better, but soon had another attack. Coldness of extremities continued three or four days. He then appeared to recover rapidly, and felt greatly encouraged. On the eve of Thanksgiving Day, he fell down suddenly and died, apparently after getting out of bed to quiet his child. This happened one week after the first attack.

Autopsy.—Serum and blood were found in the chest in considerable quantity. There was a large clot of blood in the left chest. Blood was also found in the pericardium, and a minute opening in the wall of the left ventricle. The arch of the aorta contained, on its concavity, a large rupture, filled up by a dense clot of blood.

Polypus Uteri.—Dr. Harlow read a paper on polypus of the uterus, illustrated by three cases, in each of which the tumor was removed, with complete recovery of health. One of them was presented for examination to the Society. The latter of these cases had been attended by clairvoyants and others for three years, and was by them diagnosticated as "liver complaint," "change of life," &c., and treated as such.

Peculiar formation of the Epiglottis in Swine.—Dr. Cutter called the attention of the Society to the peculiar double formation of the epiglottis in swine, and exhibited photographic views of the same. Dr. C. also showed an apparatus for inhalation of anæsthetics, by which, he stated, anæsthesia could be produced with greater rapidity than by the ordinary mode, and with a much less amount of ether. The instrument consists in a funnel-shaped metallic tube, adapted to a bottle or other vessel containing ether. This tube is fluted, or otherwise arranged for admission of air, and provided with a valvular mouth-piece.

Cancer of Breast.—Dr. W. S. Brown read a paper, giving an account of a case of cancer of the left mammary gland. The points of interest in the case were, the employment of acupressure needles in place of ligatures, and the use of iron-wire sutures. Twenty-three of these were used, and the greater part of the wound united by *first intention.* No adhesive plaster was used, and no dressing except a single fold of cloth to prevent soiling the clothes.

Dr. Cutter related a similar case of cancer of the left breast, in which ligatures, silk sutures and adhesive plaster *were* used, and followed, like the former, by good recovery.

Arsenic Poisoning by green Sewing Silk.—Dr. Harlow related a case of arsenical poisoning by the use of green sewing silk.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 21, 1867.

VIVISECTION: WHAT IT IS, AND WHAT IT HAS ACCOMPLISHED.

Such is the title of a paper read before the New York Academy of Medicine on the 13th of December last, by Dr. Dalton, whose physiological experiments have recently been the subject of such severe comment by the members of the Society for the Prevention of Cruelty to Animals, in New York. In a former article, we called the attention of our readers to this subject, and published Dr. Dalton's reply to the strictures of Mr. Bergh, the President of the Society. We trust we shall not be regarded as wanting in feeling for the sufferings of the brute creation, when we say that we think Dr. Dalton has made good his case against his humane but mistaken assailant. Nothing is more repugnant to our own nature than unnecessary suffering inflicted upon the poor creatures which are dependent so much upon man for their comfort and happiness; and, as we have said before, nothing but the most conscientious desire to clear up the many obscure questions which make many diseases and their treatment in man so dark, can justify the experiments upon living animals by physiologists.

Dr. Dalton takes up his subject in a calm, dispassionate manner, barely alluding to the attack which has been made upon him, and proceeds at once to the discussion of the three objections which have been made against vivisection—that it is cruel; that it is liable to uncertainty and deception; and that it has not led to any valuable results.

He meets at once the charge of cruelty by the aim and motive of such experiments, the ultimate relief of human suffering; and fairly retorts upon those who charge upon physiologists a special recklessness and disregard of animal life, by the simple statement that more than half a million of cattle are sacrificed annually in South America to supply the United States with boots and shoes alone. Contrasted with this wholesale slaughter, as Dr. Dalton says, "it does not seem a very reckless or extravagant thing to sacrifice a comparatively small number of dogs and rabbits for the acquisition of knowledge which is to benefit the human race." He admits that much unnecessary cruelty has been practised in experiments on animals, and cites instances which have fallen under his own observation; but urges, with good reason, that it is the object of physiologists, as far as possible, to prevent unnecessary pain in the subjects of their experiments, as calculated to frustrate the design with which they are undertaken. The use of anæsthetics, at the present day, disarms these experiments of the largest part of the pain which formerly was inevitably associated with them. With regard to experiments on the nervous system, which do not from their very nature admit of the use of anæsthetics, Dr. Dalton shows that the amount and frequency of unavoidable suffering thus caused are really very much less than has been charged against them. Our limits do not permit us to more than touch on the principal points in Dr. Dalton's argument, and we must therefore dismiss this topic with this simple statement, hoping that our readers will have recourse to the original essay.

With regard to the objection that the vital functions are so disturbed by vivisections that they exhibit unnatural appearances and thus lead to erroneous conclusions, Dr. Dalton says:—

> "This objection, however, is one which certainly would never be made by a practical experimenter, for the reason that the difficulty to which it refers is always present to his mind, and one against which he guards by unremitting precautions. This is the very first and simplest lesson which is learned by the experimental physiologist. We might as well object to the researches of the astronomer that the refractive power of the atmosphere distorts the rays of light passing to his telescope, and thus vitiates his observations. The astronomer is perfectly familiar with this refractive power of the atmosphere. He knows the mode of its operation, and makes due allowance for it in his calculations. So the physiological experimenter, in prosecuting his observations on the living body, sees at once that the external agents which he employs in his operations, themselves exert a certain amount of influence in producing the result. It is always his object, in arranging an experiment, to reduce these disturbing influences to the smallest possible compass. It is frequently necessary to vary the method of procedure for the same experiment, in order to determine how much, if any, of the final result is attributable to the principal conditions, and how much to the accessory manipulations. Abundant instances of this are to be found in the history of investigation upon almost every physiological question; and he would be a bungling experimenter indeed who should leave out of consideration the physical conditions which he had himself employed in operating upon the living body."

Dr. Dalton discusses the difficulties which embarrass such methods of investigation, and shows in detail how they are to be avoided, but at such length that we cannot follow him here, and concludes by the confident assertion that "it is not too much to say that *every important discovery in physiology has been directly due to* *experiments on living animals;* and that we owe many of those in practical medicine, surgery and hygiene, either directly or indirectly to the same source." In proof of this he gives a sketch of the history of the discovery of the circulation of the blood, of the nature and mechanism of respiration, of the properties and functions of the nervous system, of the operation of transfusion, of artificial respiration, of the origin and pathology of parasitic diseases, of the best treatment for serpent-bites and other venomous wounds, of the office of the periosteum in the regeneration of bone, of the Hunterian operation for aneurism, and of the operation for the relief of facial neuralgia. These are cited as prominent examples illustrating his position. Many others must occur to every thoughtful physician. Among those most recent we may cite Villemin's experiments of the inoculation of animals with tubercle, which already have done more than has been accomplished heretofore in the history of medicine to settle the disputed question of the communicability of consumption; and the injection of the air passages of dogs with the discharges of cholera patients, by which choleraic symptoms have been produced. Besides these, the experiments by which animals have been subjected to hygienic influences which have produced tuberculosis in them; the light which has been thrown upon the operation of many medicinal agents by experiments upon the same class of subjects, and many others will suggest themselves at once to our readers.

We cannot bring these remarks to a close in a more fitting manner than by quoting the following passage from Dr. Dalton. We cannot help hoping and believing that his cool and logical reasoning may have the effect of disarming his opponents and frustrating their plans of State legislation, by which they hope to interrupt by legal enactments the prosecution of his physiological researches.

> "In conclusion, there is one point to which I would allude, which seems to me of decisive importance. It is sometimes asserted by those who oppose physiological experiment, that there are other sources of information more legitimate and allowable, and that the chief of these is the observation of the phenomena of disease met with in the treatment of the sick. But do those who take this ground appreciate what they really inculcate when they recommend that we should rely upon this source of knowledge, and neglect experimentation? Do they overlook the fact that such a course is simply *waiting for accidental experiments* to help us in our inquiries? What was the case of Alexis St. Martin but an experiment, accidentally arranged, by a gun-shot wound? When we are called to see a case of disease, we do not wish to manipulate and experiment with it; we wish to cure it. In order to cure it, we must know its pathology, and understand it beforehand. And if we do not so understand it, then our observations and manipulations in that case are experiments on the living man, and cannot be regarded as anything else. Take the case of the facial nerve and the fifth pair. Sir Charles Bell himself says that, previous to his time, as the result of operations on the face for tic douloureux, 'after fifty years of experience, we remained ignorant of the distinction in these nerves.' [The facial nerve, the nerve of motion of the face, had been constantly divided by surgeons for this purpose, until he demonstrated by experiments on animals, that the seat of sensibility in the face was the fifth pair.]
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> "It is true that, in many instances, our observations in disease, and our attempts for its cure, must necessarily be of the nature of experiments upon man. But when experiments upon animals have led the way, and have cleared up, in advance, some of the important points in physiology or pathology, they can only be regarded as fortunate and precious aids in our study of disease. The assistance which this method of investigation may be to us in the future can be judged of by what it has done in the past; for the science of medicine is one which is constantly advancing, as each generation receives the benefits and feels the impulse communicated by its predecessor."

Death of Dr. Henry Bryant.—We are pained to hear of the death of Dr. Henry Bryant, of this city, which took place at Porto Rico on the 1st inst. Dr. Bryant was passing the winter in the West Indies in the pursuit of health and in the collection of objects of Natural History. He was an enthusiastic ornithologist, and to his liberality the Boston Society of Natural History is indebted for the recent donation of the magnificent La Fresnaye collection of birds. No particulars concerning his death have been as yet received. On a future occasion we shall give a fuller notice of our deceased friend.

Importance of Ventilation to Consumptives.—Before I leave this subject I would draw attention to the physiological fact that the lungs are made to breathe cold as well as warm air—indeed, air of any temperature from zero to 100 degrees Fahr., just as the face is made to bear exposure to the external atmosphere. How could the lungs be protected?—if they required protection, which they do not. Domestic animals that live out in the open air winter and summer are freer from colds than those that live in warm stables; and men who are much exposed, and constantly breathe air at low temperature, are less liable to colds and influenza than those who live constantly in warm rooms. All who have horses are aware that to keep a stable warm is the surest way for the inmates to suffer from constant colds.

I may mention two facts that aptly illustrate the evils of defective ventilation. Some years ago I was riding in the Highlands of Scotland with a local proprietor, when we came upon a village of well-built stone houses with slated roofs, which strongly contrasted with the miserable shanties or hovels generally met with. On my complimenting him on his rebuilt village, he told me that he had acted for the best in erecting these good weather-proof houses for his tenants, but that, singular to relate, they had proved more unhealthy than the miserable dwellings which their occupants previously inhabited. Fever and other diseases had proved rife among the latter. On examination, I found that the windows were fastened, and never opened; and I have no doubt that their comparative unhealthiness was in reality owing to their being quite weather-tight, and consequently unventilated. In the miserable hovels they previously inhabited, if the rain of heaven came in, so did the pure air.

The other fact is narrated by Prof. Hind in a recent interesting work on Labrador. Consumption appears to be all but unknown to the natives living wild in the fastnesses of this desolate region, in tents made of spruce branches imperfectly lined with skins, and more or less exposed on all sides to the external air; although they are exposed to famine and every species of hardship. But when these same natives come down to the St. Lawrence to take a part in the fisheries, occupy well-built houses, and, being well paid, live in comparative luxury, most of them in the course of a year or two become consumptive and die miserably. I am fully impressed with the idea that the development of the disease under these circumstances is the result of their living in close houses in a vitiated atmosphere, as it no doubt is in our own towns.—*Cincinnati Journal of Medicine*, from Dr. J. H. BENNETT *on the Treatment of Consumption.*

Medical Autobiography.—The *Medical Record* publishes the following excellent hit at the practice of publishing biographical sketches of living physicians:—

So much attention is now given to medical biographical writing, and so much care is taken to note down the different salient points of character, habits, &c., of the unfortunate victims, that some insight into the manner in which the very interesting facts are obtained by the author, is deserving attention. We are aware that printed circular-questions are sent to different distinguished individuals to "fill up and return to the author." We have not seen any such, but judging from the points which are brought out in those lives of medical men which we have read, the questions must run very much after the following fashion:—

Where born; what hour; day or night?

Any paternal history? Ditto maternal?

Did you ever go to school? If so, where?

Did you ever learn anything at school?

Your early struggles? How many?

Did you start out to be a great man?

What are the names, ages, occupations, and marital relations of all your brothers, sisters, aunts and male cousins?

Height in feet and inches? In stockings?

What was your last weight?

Are you a graduate of medicine? If so, when and where?

Would you be a doctor again?

Are you fond of lecturing?

What is your opinion of tobacco? Do you smoke or chew?

Your opinion of alcoholic liquor? Do you drink? If so, what is your favorite beverage? When and how do you take it?

What books, periodicals, letters, &c., have emanated from your pen? Were they well received?

When did you marry; what for; how often, and whom? Would you marry again?

How many children by each wife; their names, ages, and employments?

What is your opinion on quarantine?

Have you any property; if not, do you expect any? Did you marry rich?

Have you a good memory? If so, mention some examples.

Can you relate any illustrative anecdote of your character?

Are you religious? If so, how much?

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, February 16th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	45	37	82
Ave. mortality of corresponding weeks for ten years, 1856—1866	40.0	39.4	79.4
Average corrected to increased population - - - -	00	00	87.47
Death of persons above 90 - - - - - - -	0	0	0

Notice.—A press of work in the Journal office has prevented the printing of the Index to the last volume in season for this number. It will probably be ready to send out with next week's issue.

Communications Received.—Influence of Marriage on the Death-rates of Men and Women at different ages in Scotland. By James Stark, M.D., F.R.S.E. Communicated by Edward Jarvis, M.D., of Dorchester.—On the removal of Foreign Bodies from the Œsophagus. By David Rice, M.D.

Pamphlets Received.—Treatment of Fracture of the Lower Jaw by Interdental Splints. By T. B. Gunning, M.D., New York.—Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, Providence, R. I., for 1866.

Died,—At Beverly, 14th inst., Dr. Ingalls Kittredge, 68 years 9 months.

Deaths in Boston for the week ending Saturday noon, Feb. 16th, 82. Males, 45—Females, 37. Accident, 4—apoplexy, 2—congestion of the brain, 1—disease of the brain, 3—bronchitis, 4—burns, 1—consumption, 12—convulsions, 1—croup, 1—debility, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 4—typhoid fever, 3—typhus fever, 2—hæmaturia, 1—hæmorrhage, 1—disease of the heart, 2—infantile disease, 3—disease of the kidneys, 1—laryngitis, 1—inflammation of the lungs, 8—measles, 1—cerebro-spinal meningitis, 1—paralysis, 1—peritonitis, 1—puerperal disease, 1—rheumatism, 1—smallpox, 7—disease of the spine, 1—tonsillitis, 1—tumor, 1—unknown, 2—whooping cough, 2.

Under 5 years of age, 39—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 6. Born in the United States, 64—Ireland, 11—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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REPORT OF THE OPERATIONS PERFORMED IN THE OPHTHALMIC DEPARTMENT OF THE CITY HOSPITAL, BOSTON, DURING THE YEAR ENDING DECEMBER 31, 1866.

By Henry W. Williams, M.D., Cantab., Ophthalmic Surgeon to the Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

Extraction of cataract has been done forty-two times by the ordinary flap method; the upper section having been made in all but six cases. Anæsthesia has been induced in all instances; usually by the inhalation of pure sulphuric ether, but in some cases, where the patient has been more than ordinarily insusceptible to its influence, this has been reinforced by the addition of a little chloroform. No accidents, from loss of vitreous or otherwise, have resulted from its administration, though emesis has sometimes occurred, during or after the operation. Iridectomy has not been resorted to, either previously to or at the time of operation, in these cases of flap extraction.

In twenty-five of the cases, a suture has been inserted at the centre of the margin of the corneal flap, as practised for the first time at this Hospital; a very delicate needle, one fourth of an inch in length, and a single strand of the finest silk, being made use of. The average period during which this has remained *in situ*, before becoming detached or being removed, has been nine days; but in one of the cases it was allowed to remain forty days, as the patient could not keep the eye sufficiently quiet to permit of its removal, and as it was not a source of any considerable annoyance. As a rule, however, the suture has been snipped off at the end of a week or ten days from the time of the operation; or even earlier, where the wound has become securely united.

The suture has never, so far as could be judged, had the slightest unfavorable influence on the progress of the cure; and its advantages in promoting the healing of the corneal wound, in preventing prolapse of the iris or vitreous, in admitting of the continued dilatation of the pupil, and in allowing the surgeon to examine the eye, daily, after the operation, are so obvious as scarcely to require mention.

In these, and in the seventeen cases where no suture was introduced, the same dressings were applied, small compresses being placed next the eyes, upon which were put graduated pledgets of soft lint, so as to restrain the movements of the eyeball without more than very moderate pressure upon it. This is kept in place by a flannel roller passed twice around the head; flannel being preferred on account of its elasticity.

Of the twenty-five suture cases, twenty-one were successful; one failed, from proliferous degeneration of the intra-capsular cells followed by iritis; another was temporarily unsuccessful from closure of the pupil, but can be relieved by iridectomy; two are still under treatment.

Of the seventeen cases where no suture was applied, sixteen were successful; and one failed in consequence of prolapsus iridis.

It should be stated, that in five of the cases above reported as successful, it was necessary to do a slight secondary operation, to lacerate portions of the capsule which interfered with distinct vision, before the patients obtained the power of seeing to read.

The average stay of the patients in the Hospital was twenty-two days.

Most of the extractions were done through the upper section of the cornea—that being preferred where no suture is employed; but as it was found easier to insert and to remove the suture from a flap by the lower section, this has been practised in the cases operated on near the end of the year; the placing of the suture having been adopted as the general rule.

Three operations of extraction by out-scooping combined with iridectomy were performed during the year. One of these was successful. The other two, on the same patient—a woman in feeble health and addicted to the excessive use of opium—were followed by irido-choroiditis and failure.

Out-scooping, with iridectomy, was also done in three cases of dislocation of a cretaceous lens into the field of the pupil or into the anterior chamber; and was followed by complete relief of the ciliary neurosis and the symptoms of sympathetic inflammation in the other eye, and by restoration of an almost normal appearance of the eyes; no improvement as to vision being expected from the operation.

The same method was employed in a case of traumatic cataract caused by a bit of steel, which had destroyed vision two years previously, and had caused partial disorganization of the globe, with symptoms of sympathetic irritation in the other eye. The lens, with the foreign body, was removed, with complete relief of all morbid phenomena.

Iridectomy was done in twelve cases for the relief of occlusion of the pupil resulting from iritis. In eight of these good vision was gained, in two others there was slight improvement; and two cases, where the operation was done as a forlorn hope, resulted unsuccessfully.

Staphyloma of the cornea was excised in three cases; sutures being inserted and the edges of the wound drawn together, according to Mr. Critchett's method. No inflammation followed, and the eyes, after the operation, retained almost their normal size.

In one instance, staphyloma of the cornea was rendered less prominent by the performance of iridectomy, without the necessity of resorting to excision.

The operation by suction through a small tube, after division of the capsule, was successfully practised for the removal of a soft cataract of ten years' standing, from a patient 28 years of age.

An abscess of the globe was opened, to give relief from the intense pain caused by intra-ocular pressure.

In three cases of glaucoma of both eyes, the eye most recently attacked was operated on by iridectomy, with complete success as regarded restoration of vision. The other eye of the same patients had become so far disorganized that no hope of vision remained, but it was necessary to perform iridectomy and remove the glaucomatous cataracts by out-scooping, to relieve the intense pain which still continued. This was immediately effected.

Three other cases of chronic glaucoma were also relieved of persistent and intense suffering by iridectomy; but the period when hope of restoring sight might have been entertained had long since passed.

One case of congenital cataract, in which iriddesis had been done with much advantage, was subjected to a second iriddesis to enlarge the visual field. But as the patient did not inhale ether, the capsule was probably injured in some slight movement of the eye, resulting in the slow absorption of the lens. The patient will therefore require a cataract glass instead of seeing without such aid, as had been intended when iriddesis was selected in preference to division of the crystalline.

Three congenital cataracts, in young infants, were successfully removed by division of the capsule and anterior portion of the lens by a fine needle passed through the cornea and pupil.

Division of the lens was also done in two cases of traumatic soft cataract; and removal of the opaque capsule with the canula forceps in two other traumatic cases—in all instances successfully.

Ten secondary operations were done, in cases which had previously undergone cataract operations, for the laceration or removal of portions of opaque capsule. Nine of these resulted successfully; in the tenth the patient recovered sufficient vision to enable him to find his way alone.

Operations for division of soft cataract were done on both eyes of a man 39 years of age; resulting in slow but complete absorption of the lenses, but requiring secondary operations for division of remnants of capsule before he obtained complete success.

In two cases where the eyeball had sustained traumatic injury, and continued morbidly irritable, the globe was removed, to relieve the ciliary neurosis and avert the danger of sympathetic affection in the other eye. In another similar instance it was thought sufficient to remove only the anterior part of the eye, including the ciliary region. Satisfactory results were gained in all the cases.

In a patient whose right eye had been destroyed by a piece of percussion-cap five years previously, and whose left eye began to fail and to be painful eight months after the injury, the operation of iridectomy was done on the left eye, with excellent results—taking into consideration the unfavorable circumstances—the patient being able to tell the time by a watch on the fifth day after the operation, and leaving the Hospital with every prospect of considerable further improvement.

A large opaque deposit, perhaps of decomposed acetate of lead, was removed from a cornea with excellent results as regarded the appearance of the eyes and the amount of vision.

Paracentesis of the anterior chamber, for evacuation of the aqueous humor, was twice done on a patient affected with conical cornea, at intervals of three months; with great relief as regards intra-ocular and circum-orbital pain, and with improvement of vision. The operation has been several times repeated upon this patient during the last eight years—always with temporary advantage.

Fifty-one cases of strabismus have been operated on, by division of one of the muscles; most of these being out-patients. Many other milder cases—of staphyloma, pterygium, entropion, abscesses of orbit and of lachrymal sac, tumors of lid, &c., were operated on as out-patients.

OBSTETRIC TEACHING AND PRACTICE IN VIENNA.

[A letter written to the Norfolk (Mass.) District Medical Society, by D. F. Lincoln, M.D., of Boston, late a member of the Norfolk Society. Read January 16th, 1867.]

The "General Hospital" in Vienna is truly worthy of its name. Within its walls are delivered, every academical term, about eighty courses of lectures to all classes of medical students; varying in length from six weeks to three or four months, and embracing every possible ramification of modern medical science. Among the departments into which it is divided, almost entirely independent of one another, though occupying the same range of buildings, the midwifery section is prominent; giving shelter and care to about nine thousand (9000) women annually, and maintaining a corps of two professors and two assistants or sub-professors, it is almost unequalled in the world for the facilities it affords for obstetric studies. This fact is by none better understood than by the Americans. The English and Scotch are outnumbered by our countrymen; the French do not come to Vienna at all; the Poles, Hungarians and other neighboring nationalties send pupils thither only because they are incapable of sustaining universities among themselves, through poverty in science and in means.

The department is in two portions—one devoted to the instruction of midwives (who receive diplomas, just as the male students do), and one to the sterner sex; the number of births in each being about 4000 and 5000 respectively per annum. A great part of the work in the lying-in wards is performed by midwives, who must all be graduates; and a very competent set of workers they are. In fact, nine tenths of all the births are conducted solely by the women; the two assistants (or sub-professors, as I have called them) taking turns to remain in the house, but paying little attention to the cases, except as they serve as material for instructing their classes of students. They are, however, always summoned in case of need. Forceps-cases are reserved, if convenient, for the class; if not, they are almost always "utilized" for the benefit of those present, and, especially, of the lucky student who has had the case assigned to him. By paying the fee to Prof. Braun's course of lectures on Midwifery, the student becomes "free of" the lying-in wards, and may enter them at any hour by day or night. He inscribes his name in a book which lies on the table, for one or for two days of the week, and on those days he keeps a sharp lookout for anything of interest, and has the right to put his name on the bed-slate of any patient he chooses; thus becoming entitled to conduct the case, always under the supervision of the assistant when there is need.

There are almost always from three to a dozen women in the act of parturition in the chamber devoted to that purpose. They are removed, of necessity, in a short time after delivery, to the other wards. Everything is clean, though the twilled linen sheets do not always look so nice as cotton ones. No trouble is spared to secure proper heat and ventilation; the windows are so high from the floor that nothing can be seen from them except the sky, and the ceiling is therefore nearly twelve feet high. The wards are all under one roof, and in the second and third stories. The food is plain, but very wholesome; the patients are treated humanely and reasonably. Discipline among the nurses is enforced to the incredible extent of confining them to their wards and rooms for a week at a time! a measure which would hardly be practicable in Boston. They submit to it, however, with good grace, and sometimes even with tears of repentance; for the loss of their situation, poorly paid as it is by the needy Austrian government, is a real calamity to them in these hard times. By the way, the custom of kissing the assistant's hand when he leaves the ward is not by any means obsolete, and when they are told not to do it, they still use the old-fashioned *vale*, "I kiss your hand, Herr Doctor." The disparity in social station between doctor and nurse is complete, and always observed.

To pursue the subject of clinical instruction. The American student may now have, if he choose, a private course on Diagnostic Midwifery, in English. He pays a small honorarium to one of the assistants, and may thereupon plunge at once "*in medias res*" at any time that he and his classmates (maybe half a dozen) agree upon. The students are introduced at once into the labor-room, where they are shown, at each lecture, from six to eight cases in various stages. They are told how to diagnosticate first from subsequent pregnancy by the condition of the os uteri, &c., to recognize different presentations, to decide whether the pelvis is adequate to the passage of the fœtus, to estimate the child's safety by the fœtal pulse, to decide whether the woman is pregnant at all, and such questions. Almost all the instruction is clinical; the women are not exposed, but are obliged to submit to digital examination under the assistant's direction, or else leave the Hospital.

These women are not prostitutes, but as a rule they are unmarried. They are poor, hard laboring, robust; generally tolerably clean, but wearing peasants' clothes not very new. The time allowed them to remain in Hospital is nine days for all ordinary cases. They are commonly allowed their child to suckle as soon as possible—before they rise from the bed of labor, often. With regard to the mortality, it has been (in the autumn of 1865, for instance) as low as 2 or 3 in 1000 mothers; but is commonly higher, owing to occasional cases of metritis and peritonitis.

The ravages committed by puerperal fever in the last generation were simply shocking; but the revival of an ancient remedy—"soap and sand, and plenty of it"—has almost abolished this cause of mortality, except in sporadic cases. Each one of the rooms or wards is completely stripped of furniture about once in two months; the walls are whitewashed, the floors scrubbed, and the bedsteads (all wooden) are taken apart and washed and left standing in the open air several days; the straw bedding is ripped up and renewed.

Another course of lectures delivered by the assistants is the Operative. Classes consist of about a dozen members, and each is taught on the phantom or the *cadaver* to perform all the obstetric operations—as cranioclasm, decapitation, reposition of funis, turning, application of forceps (short). Students who have attended this course and that by the Professor may present themselves for examination for the degree of Master of Midwifery, a title which implies that the holder has passed a very fair and complete examination, lasting about half an hour, upon the *ars obstetrica.*

The general mode of practice here is not unlike our own. They derive their improvements, they say, rather from English and Scotch, than from French sources. The use of the "long forceps"—for forcing an impacted head through the brim of the pelvis—is condemned. The short forceps, of not unfrequent application, is that of Simpson, of Edinburgh, with slight modification; a form which gives a joint incapable of absolute fixation, yet quite firm enough for all uses, while very *flexible* and adaptable to different positions of the head.

The woman is placed on her back, almost invariably, for convenience in auscultation, and, if necessary, for ocular demonstration. There is no hesitation in uncovering the whole of a woman's person so far as anything requires to be shown to the students. In operations, the position (after the patient has been narcotized by chloroform) is the same as that for perineal section.

Ether is not used. Chloroform is only given in extreme cases. The perinæum is of course supported, and very skilfully, too, but ruptures are not uncommon, as with us. The placenta is solicited, by pressing the abdomen, very soon after delivery, and the cord is tied, once only, in a very few minutes, or as soon as the pulse begins to slacken. The bandage to the mother's abdomen is not unknown, but is used only very rarely indeed. There is very little elegance of form about the women's waists, either before or after; but especially after pregnancy and recovery they present a preposterous appearance. "Milk sickness," as a concomitant of the appearance of milk, is unknown; but very frequently an *accumulation of fæces* a day or two after delivery is observed, which, along with various uneasy symptoms, is speedily removed by a dose of oleum ricini.

NORMAL CONDITION OF THE EUSTACHIAN TUBE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In your issue of Feb. 7, page 25, is a paragraph entitled the "Eustachian Tube normally closed except in Deglutition," based upon a communication of Dr. James Jago, published in the *British and Foreign Medico-Chirurgical Review,* in which he propounds and defends "the view with much plausibility that the normal condition of this passage is that of closure, *except during the act of deglutition.* This opinion is based on experimentation in his own person, aided by an accidental condition of the fauces, arising from contraction of the tissues on the right side following amputation of a portion of the uvula."

While there is no doubt or suspicion of the validity of Dr. Jago's observations, still the writer would respectfully beg leave to dissent from his *conclusions,* as not justified by his premises or by the present state of knowledge in *this country* at least.

It may be that Dr. Jago refers to a closure of the Eustachian tube by the collapse of its parietes independent of the closure of its orifice. If so, the writer would not contend. But if Dr. J. means to say that *normally* the pharyngeal orifice of the Eustachian tube is closed except in deglutition, the writer would affirm that the opposite is the case, viz., the normal state of the Eustachian orifice is a patent one *except* in deglutition.

Dr. J.'s opinion is based on autoscopy, aided "by an accidental condition of the fauces arising from contraction of the tissues on the right side following amputation of a portion of the uvula."

Confessedly we have here abnormal states—a uvula truncated and tissues contracted (which must mean contraction of the soft palate), and the Doctor states his conclusion as a normal state. We are inclined to think that the contraction in question affects the patency of Dr. J.'s right Eustachian orifice—as the writer has repeatedly seen contraction of the soft palate do—and that in the movements of his deglutition the abnormally closed orifice may appear open to him.

But we must demur from Dr. Jago's concluding that the Eustachian orifice is normally closed except in the act of deglutition:—

1. Because he bases his opinion on an *abnormal* case, and that a single one.

2. Because rhinoscopy shows that in *normal conditions of the fauces, when the soft palate is relaxed and hanging vertically, the Eustachian orifices are patent.* This the writer has ascertained by autorhinoscopy, and has demonstrated to physicians, and is still prepared to do it. He will show either Eustachian orifice at will, and demonstrate that the opening is *patent*—large enough to take in the tip of a lady's little finger while the soft palate hangs relaxed. This opinion is not based on autoscopy alone. It has been verified by a large number of objective examinations.

This is the *experimentum crucis.*

3. In the act of deglutition, physiology shows that the soft palate is drawn upwards and backwards against the post-pharyngeal wall so tightly as not to allow of the ascent of the bolus, liquid or solid, into the post-nasal space. This is confirmed by observations of the rhinoscopists. They will tell you the chief obstacle to the successful examination of the posterior nares and Eustachian orifices is in this very approximation of the palate to the post-pharyngeal wall. This act is accomplished by the contraction of the elevator and tensor muscles of the soft palate. Anatomy shows the relation of these muscles to the orifice and course of the Eustachian tubes,* and rhinoscopic examinations show that these orifices are closed by the drawing up of the soft palate. The writer has repeatedly seen the process of closure take place. In Dr. Jago's case, it is easy to understand that his right Eustachian orifice is closed by this contraction, abnormal in his case, but not so easy to perceive why it should be alleged to be a normal state in all mankind.

4. If the Eustachian *tube* is always closed except during the act

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* "The Levator Palati arises from the extremity of the petrous bone and from the *posterior* and *inferior aspect* of the Eustachian tube. . . . . The Tensor Palati arises from the scaphoid fossa at the base of the internal pterygoid plate and from the *anterior aspect* of the Eustachian tube."—WILSON's *Anatomy*, Philad. Edition, 1847, pp. 208, 209.

of deglutition, how can air escape from the external meatus, when the tympanum is perforated, in the common expedient of closing the mouth and nose and blowing outward with the breath? Or, when the tympanum is not ruptured, of a feeling of its distension by the same expedient? Or how can it be when the drum is absent and water is injected into the external meatus, that it will find its way into the throat?

5. Sometimes the writer has found deafness associated with an abnormal closure of an Eustachian orifice. How does this agree with Dr. Jago?

6. Dr. J. speaks of this condition securing the tympanum against the introduction of gastric gases evolved through the fauces. We would respectfully ask how aëriform bodies can penetrate a tube closed at one end, except by the slow diffusion of gases?

Very respectfully yours, EPHRAIM CUTTER.

Boston, February 12th, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

DEC. 10th.—*Albuminuria; Hypertrophy and Dilatation of the Heart; the Renal Symptoms not manifest till three or four weeks before Death.*—Dr. C. W. SWAN showed the heart and kidneys, and gave an account of the autopsy. He also read the following history of the case, which he had received from the physician in attendance.

Oct. 4th.—The patient, aged 34 years, had been sick since June 1st, supposed with biliary trouble. Bowels loose or constipated; dejections at first very dark, latterly very light colored. Has pain in ankles, and of late has had swelling of the ankles at the end of the day. Pulse 90. Urine free, light colored. ℞. Ferri lactatis, ℈i.; acid. lactic. dil., ʒss.; syr. aurant. cort., q. s. ut. f℥ij. M. A teaspoonful after eating.

8th.—No headache and no chills. Had chills and fever years ago, and has been in the army since. Hæmorrhoids. Inclined to cough. Very sallow.

13th. Pulse 92. Slight dry cough. Tongue not quite clean. Two dejections daily.

17th.—Severe burning in stomach since dinner yesterday. Normal dejections. Much cough. No physical signs of disease in chest. Pulse 96. Very pale.

20th.—Pulse 96. Burning in stomach and bowels. Three daily dejections, loose and not painful. Appetite poor. Thirst. Tongue foul. Poor sleep. Throbbing in head. Coughs, but least if lying on back.

22d.—Appetite good this morning. P.M., severe pain in left side.

23d.—Had a good night. Perspiration not so great as oftentimes before. No dejection. Pulse 96.

24th.—Perspires naturally, and not profusely. Pain in side continues, less severe.

25th.—Free dejection, well digested. Pain gone. Appetite good. Urine abundant.

27th.—Pulse 92. Tongue still coated, with clean strips. Slept well in night. No pain. Rode out yesterday without much fatigue.

30th.—Coughed considerably last night. A little mucous expectoration. Thirst and sweat less. Feels stronger. Three dejections yesterday, not very loose.

31st.—Cough very severe. No apparent cause for it.

Nov. 1st.—Pulse 94. Cough less. No dejection. On auscultation of chest, no difference in respiratory sounds on the two sides. But the *upper* chest *especially* filled with a souffle accompanying the first sound of the heart, though heard all over chest. Does not seem louder in left than right.

5th.—Cough last night. Natural dejection this morning.

7th.—Coughs more. Pulse 90. Appetite good.

11th.—Pulse 88. Cough less. Appetite not so good. Two dejections yesterday, the latter loose. No nausea. Pain under right shoulder-blade. No auscultatory signs of pulmonary disease. Very slight souffle with the first sound in different parts of the chest, and disappearing. Sweats very much, night and day.

15th.—Pulse yesterday 74, now 84. No sleep till 4 o'clock this morning. Purpura on legs. Cough severe. Slight mucous expectoration. One dejection daily.

16th.—Pulse 90. Three dejections, black and thin. Purpuric spots smaller.

17th.—Very comfortable night, with one pill (morphine and belladonna). Very little perspiration. Slight pain in right shoulder. Coughed but little. Difficult lying on left side on account of smothering sensation about the heart. Examination with Camman's stethoscope. No signs of tubercular disease of lungs; but the heart souffle very loud at apex and base of heart. Purpuric spots very bright and abundant on legs and feet, which are swollen. Two dejections, the last very dark-yellowish brown, with undigested almonds in it.

18th.—Pulse 90. No dejection. Purpuric spots less distinct. Legs very much swollen.

19th.—Appetite good. Pulse 86. Purpura fading. For the first time, slight albuminous deposit, with occasional casts in the urine. Cough and perspiration less.

22d.—Pulse 88. Appetite good. Purpuric spots have almost entirely disappeared.

24th.—Coughs considerably. Pain in right shoulder and in both legs.

25th.—Bad night. Pain in sciatic nerve as far down as left knee, which kept him awake till nearly daylight. Purpuric spots gone from the legs, but abundant and large on both feet. Pulse 84. Threw up his breakfast. Heart souffle not so marked. Urine contains a moderate amount of albumen and abundance of casts and lithates.

28th.—Scrotal anasarca enormous. Spots of purpura on lower extremities, and also on lower abdomen.

Dec. 1st.—Purpuric spots over arms, hands and trunk, less on the legs.

4th.—Very great amount of purpura over arms and abdomen, but ess on the legs. Lower extremities very much swollen to above the ips, and abdominal walls œdematous, but no fluctuation. Urine conains a large amount of albumen, blood, epithelial and granular casts, nd scattered cells of renal epithelium. During the day very drowsy, nd in the evening slight wandering.

5th.—Very great increase of purpura. Forearms becoming œdematous.

6th. Knuckles very dark, purple and painful. Purpuric spots coering hands, forearms and abdomen, and appearing on nose.

8th.—Each knuckle looks as if daubed with tar. Has eaten nothing o-day. Pulse 100. Has been sitting up of late, on account of yspnœa.

9th.—Sat up till after 2, A.M. Got into bed, and felt faint. Concious and talking till 5½, A.M., when he died.

The treatment varied during the progress of the case.

Oct. 8th.—Patient got the hyposulphite of lime, ten grains three imes a day.

17th.—Lactic acid and gentian with meals.

20th.—Medicine omitted, and the subcarbonate of bismuth substituted.

22d.—Ginger added to bismuth. Opiate p. r. n.

24th.—Acetic acid as a counter-irritant, to the chest.

26th.—Fowler's solution. Omit bismuth.

31st.—For cough: morph. acet., gr. ¼; ext. belladon., gr. ⅛. M. Ft. pil. p. r. n. Omit arsenic. Tinct. digitalis.

Nov. 3d.—Consultation. Omit medicine. ℞. Vin. rad. colchici, gtt. xii., after each meal.

7th.—Increase colchicum to gtt. xv.

11th.— " " " xx., and afterwards gtt. i. at each lose.

15th.—Omit colchicum. ℞. Ferri lactatis, ℈i.; acid. lact. dilut., ʒss.; Syr. aurant. cort., ad f℥ij. M. Tablespoonful after each meal. Glass of Tarragona wine with each meal.

17th.—Dilute sulphuric acid added to drink.

24th.—For prescription of 15th, substitute ℞. Tinct. ferri muriat., gtt. vi. after each meal.

27th.—Omit iron. ℞. Acid. gallic., gr. x., every four hours while awake.

Dec. 3d.—Omit gallic acid. ℞. Potassæ chloratis, ʒij. Dissolve in fifteen teaspoonfuls of water, and give one every three hours.

8th.—Infus. prun. Virg.

Autopsy, Dec. 9th, ten hours *post mortem.*—One or two pints of serum in each pleural cavity, about four ounces in the pericardium, and two pints in the peritoneal sac.

Lungs œdematous. No tubercular disease. In right lung, about midway in anterior region, near the surface, two large indurations, having the general characters of pulmonary apoplexy, but presenting, on section, a dull, dark, dirty-greenish color, as if from age.

Heart.—Considerably hypertrophied and dilated. Well-formed, black and fibrinous coagula in right side; a little in left. Aortic valves much disguised and disorganized, partly by extensive adhesion of two of the contiguous edges, but principally by irregular, long, projecting vegetations, looking like fibrinous deposits, but containing cretaceous matter. One of the valves was ruptured, and what appeared to be a strip from its free edge, but roughened by morbid changes, stretched across the aortic orifice, free along its middle but attached at both ends, and was felt in that position by the finger passed into the aorta before the part was laid open.

Dr. J. B. S. Jackson says:—"Upon the broad fold of the mitral valve were three little formations of a very unusual character; the largest being a line or more in diameter, and the smallest half as large. They might be described as cysts in the substance of the valve, and of which the inner surface was sufficiently well defined; the largest containing only a very small, but recent coagulum, the second a little opaque, curdy matter, and the smallest a thick, puriform fluid. The second had been ruptured; but over the two others the surface of the valve was continuous. Otherwise the valve was healthy."

Dr. Ellis, who also examined the heart, says:—"The aortal valves presented a singular appearance. Their free edges were quite extensively adherent, and two (?) of the folds at least had been extensively ruptured. They had a ragged, lacerated appearance, and were covered with fibrin, which so blended with the natural tissues that it was impossible to distinguish the line which separated them.

"Above the valves was a long tongue of fibrinous-looking material, sprouting, as it were, from a very limited portion of the arterial wall. Considerable cretaceous matter was mingled with the fibrinous material. The vegetations described probably owed their formation partly to a morbid softening and growth of the tissues, partly to the deposition of fibrin upon the new material.

"The disease of the mitral valve seems to be best explained in the same way. The process of proliferation involved the tissue beneath the serous coat, but perforation of the latter did not take place. Had it occurred, the same ragged edge would have been seen as on the valves, and would have afforded the same facilities for collecting fibrin from the circulating blood."

Liver large, hard. Surface slightly uneven. No cirrhosis. Nutmeg appearance. Cells healthy.

Spleen quite large and firm. In its upper part was an unusually large white, fibrinous deposit, sharply defined.

Kidneys symmetrically diseased; very large, purplish, on section of a succulent appearance, and marked throughout the cortex with conspicuous dark ecchymotic points. Capsules easily removed.

By microscope, the section of cortical substance showed little but epithelium, which seemed so abundant as to obscure the outline of the tubules and their canals. Blood-staining marked the general direction of an occasional tubule. Isolated tubes were lined with the usual layer of epithelium, and seemed quite healthy, except that in every case, as far as seen, they were much dilated. If they had been filled with epithelium, as the view of the general section indicated, they had become emptied, when separated from the mass. There was much scattered epithelium, and it was healthy. No appearance of fatty degeneration.

Bibliographical Notices.

Thirteenth Annual Report of the Trustees and Superintendent of the Taunton (Mass.) Lunatic Hospital.

This institution seems to have fully sustained its previous good character, both in the economy of its management and in the number of patients discharged cured. On account of the exceedingly high price of everything necessary for the support of the Hospital, the Trustees say, "they have been forced to adopt the most rigid economy in their expenditures consistent with a proper care of their patients and the public property"; and that, "they have made it their first duty to see that the persons committed to the institution have every care necessary for their cure and restoration to society and friends." They bear renewed testimony to the fitness of the Superintendent, Dr. Geo. C. S. Choate, for his trust by his "unremitting care and devotion to the interests of the patients and his practical ability in the selection of his assistants."

The Superintendent congratulates the Board of Trustees, on the whole, upon another year of satisfactory and successful hospital life. The number of patients has not increased, in spite of the numerous admissions, on account of the energetic action of the Board of State Charities in removing from the institution such inmates as properly belonged elsewhere. Seventy in this manner have been removed during the past year; thus, perhaps, increasing the actual cost of each left, but relieving the crowded apartments and increasing the comfort of those remaining.

Dr. Choate's observations and experience concerning the effect of the late rebellion on the insanity of the people, are not very different, probably, from others in similar positions throughout the Northern States. He says:—"At the commencement of the late rebellion, contrary to common expectation, there was an immediate and general check to the numbers thronging to all public institutions, and to insane hospitals among the rest. This continued throughout the war, but with its cessation there has been an immediate though gradual increase." "A few, but not many patients, have been admitted in whom the mental disease might fairly be attributed to their connection with the great contest." "Eleven of those admitted during the year had served in the armies of the republic." "On the whole, it seems probable that the general effect of the national trial has been healthful to the public mind, and that although some new causes of mental disease have been introduced, yet the percentage of insanity has been slightly reduced." The mental shock may be more apparent in its evil effects in the disordered minds of the next generation. This was noticed after the great wars during Napoleon's career.

With regard to the new experimental institution for the incurable (so called) and harmless State paupers at Tewksbury, which has given rise to much discussion in this and other States as to its propriety and expediency, the Doctor reiterates the opinion expressed last year, "that such an institution, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will subserve the interests of the insane generally."

It is probable that the majority of those having charge of the insane are opposed to the separation of the incurable from the curable insane as *unwise* and *unprofitable* in a pecuniary view ; but in the present crowded condition of the Massachusetts hospitals there seems to be a necessity for some experiment of this kind, and no good reason why it should not be tried, under proper restrictions, and with the favorable opportunity of connecting it with one of the State almshouse farms, where increased facilities for labor are at hand.

Repairs and improvements, it is stated, have been put off from year to year in the hope that more favorable financial times would come ; but necessity compelled the expenditure of about three thousand dollars, which has been furnished from the current income without incurring any debt ; and the Doctor adds, "that no retrenchment has been made in the mode of living, in the number or wages of attendants, in the means of amusement, nor in anything having a direct or immediate bearing upon the welfare or the improvement of the inmates."

Whole number of inmates Sept. 30, 1865, 343—165 males and 178 females. Admitted during the year, 208—109 males and 99 females ; making a total of 551 under treatment during the year—274 males and 277 females. Whole number discharged during the year, 168—86 males and 82 females. In addition to these, 23 males and 17 females died, and 2 males eloped, leaving in the institution Sept. 30, 1866, 341—163 males and 178 females—two less than the number at the beginning of the year.

The condition of those discharged was as follows :—Recovered, 78—39 males and 39 females ; improved, 26—13 males and 13 females ; unimproved, 64—34 males and 30 females. Fifty-three of these latter were removed by the Board of State Charities either to other State institutions or to the places of their legal settlement.

The 40 deaths were from sixteen different causes, the most prominent of which were, maniacal exhaustion 6, general paralysis 8—all males ; and apoplexy, 5—4 males and 1 female.

Are the causes of insanity becoming more numerous, or is insanity simply made more prominent and public by the modern system for the care of the insane? These questions the Doctor asks and answers in his admirable report. He says :—" It seems probable that both these inquiries must be answered in the affirmative." "A higher civilization and greater cultivation of the intellectual powers bring to the human mind new and deeper hopes and fears, the new restraints imposed by society and legislation, new distractions by ambition, humiliation, and prosperous or adverse speculation, more frequent and intense mental efforts, too frequently a premature exercise of the intellectual faculties, and too many new modes of dissipation and unnatural excitement." "On the other hand, it cannot be doubted that the improved method of treatment of the present day, and the gradual removal of that stigma which was formerly attached more or less both to the insane and in some degree to their immediate connections, has led to their being brought more prominently into public view for care and treatment." Other causes are mentioned for the apparent increase of insanity, and among them the clearer recognition of the normal and deranged mental state, leading us to pronounce many now insane that would formerly have been "pitied and punished." C. K. B.

Northampton, February 12, 1867.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 28, 1867.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR THE YEAR 1866.

The Transactions of the National Medical Association are before us in a handsome volume of some seven hundred pages, which, though less bulky than some of its predecessors, is none the less valuable. On a cursory examination, it strikes us as having gained in interest what it has lost in expansiveness. In addition to the minutes of the Seventeenth Annual Meeting, and the opening Address of the President (which we have already noticed), it contains a large number of valuable reports from the various committees of the Association, indicating an earnest desire on their part to fulfil the duty assigned to them faithfully and well. Among these the reports on Disinfectants, on the Causes and Pathology of Pyæmia, on Diphtheria, on Spotted Fever, and on Medical Literature, may be especially mentioned as indicating great labor on the part of the committees which prepared them, and containing much matter worthy of a permanent place in American medical literature. The volume, as usual, contains numerous shorter papers of various degrees of importance, none of which are unworthy of publication, so far as we have examined them, but most of which would in our judgment have found a more appropriate place in some of the thirty or more medical journals now published in this country. It is natural enough that our professional brethren should desire to lay their communications before the intelligent audience which the annual meetings of the Association offer them, and we should be sorry to say anything to discourage such a commendable ambition. But having done this, we feel that they ought not to expect the Association should, as a matter of course, give them a permanent place in their publications. Among such papers which the present volume contains are some of very great merit, such as the Prize Essay on Digitalin, for instance; but others, which it would be invidious to refer to more definitely, would find a more appropriate vehicle for publication elsewhere.

The brief but significant Reports of the Committee on Publication and the Treasurer, which follow immediately after the minutes of the Annual Meeting, indirectly sustain the view which we have presented. They show that the Association, as such, does not set so high a value on the annual volume as it ought to command, and which it would command, we think, if its contents were chiefly or exclusively of an authoritative, official character. Of the last volume seven hundred and fifty copies were published, and the pecuniary necessities of the Association required that the members should each be asked to contribute two dollars in addition to the annual assessment to entitle him to receive a copy. To this appeal but three hundred and fifty members only responded, and that number of copies has been distributed, the balance remaining in the hands of the Committee. The Treasurer presents the case without circumlocution when he says, " the fact has been again and again demonstrated that the members of the

American Medical Association do not consider the volume of *Transactions* worth the cost of its production." He declared the Association to be bankrupt, and owing the printer $404·52. This was for Volume XVI., and he adds:—"Unless the Association ceases to refer masses of matter for publication, and the bestowal of an annual prize, Vol. XVI. is the last annual volume that can be published." The reduced dimensions of Volume XVII., the one before us, are thus accounted for; and we shall learn from the next annual report how the means were provided by which it was published at all.

Now it certainly would have been a great pity if the valuable contents of Volume XVII. had not been published, and it *is* a great pity that, judging from the fate of the previous volumes, it must find so few readers. Probably there was not a delegate who attended the last meeting of the Association who did not subscribe for one or more American medical journals. If these papers had been brought before the profession at large through these publications, in all probability they would have reached all who will see them now besides hundreds and thousands of others. It seems to us, therefore, that the Association has no alternative, in order to disseminate its publications as widely as possible, but to reduce them to the smallest possible compass; confining itself (with rare exceptions, such as prize essays, for instance) to purely official documents, levying such an assessment at each annual meeting as will be sufficient to defray the expense of printing, and then distributing the volume gratuitously to all its members.

Treatment of Acute Rheumatism. MESSRS. EDITORS,—Having for a year past used what I consider a new remedy for rheumatism, and with better success than from any other remedy, I consider it proper to ask the profession to make a trial of it. It is the syrup of lime, made according to Trousseau's prescription, as found in Parrish's Pharmacy. I have used it, according to the severity of the case and the age of the patient, in the dose of ten (10) drops to forty-five (45) drops, and repeated in from two (2) to six (6) hours, as symptoms have seemed to demand. In but one (1) case has any opiate been required from the beginning. Two (2) cases were complicated with Bright's disease, as indicated by the great abundance of albumen and the casts, as seen in the urine. In one of these the albuminuria entirely disappeared, and in the other it has been largely diminished.

There has been no constipation, but generally looseness of the bowels, after a couple of days' treatment.

The medicine is best taken in unskimmed milk, in quantity from a tablespoonful to four (4) ounces, according to the size of the dose of syrup.

Hoping that other members of the profession may meet with the success which I think I have had, I am very truly yours, CHAS. E. BUCKINGHAM.

Boston, February 23, 1867.

For the information of our readers, we copy from Parrish's Pharmacy the prescription alluded to in the communication above:—

"CALX SACCHARATUM, SYRUPUS CALCIS.—Trousseau used the following proportions for producing a solution of lime by the aid of sugar:—1 part of slaked lime, 10 parts water, and 100 parts syrup are boiled together for a few minutes, strained and diluted with four times the weight of simple syrup.

"This syrup has an alkaline taste and reaction, and is the solution of a chemical compound of sugar and lime. It is used for the same purposes as lime water, but on account of its causticity it is necessary to dilute it considerably. It is given to children in the quantity of twenty or thirty grains during the day; adults take from two to three drachms during the same time."

Vivisection—New York State Medical Society.—At the Annual Meeting of the Medical Society of the State of New York, held at Albany on the 5th inst., reported in full in the *Medical Record*, Dr. John C. Dalton addressed the Society on the subject of Vivisection. The subject of legislative interference with physiological investigation by experiments on living animals was referred to a Committee, who reported the following memorial, which was accepted and adopted:—

" *To the Hon. the Legislature of the State of New York:—*

" The members of the Medical Society of the State of New York, now assembled at their annual meeting in the city of Albany, respectfully represent to your Honorable Body:

" That they are informed that a bill has been, or is to be, presented for your consideration at the present session, to make more stringent the Act for the Prevention of Cruelty to Animals, and that this bill is intended or calculated, among other things, to interfere with or prohibit experiments upon animals for physiological and medical purposes, on the ground that such experiments are barbarous and cruel, and, at the same time, useless or unnecessary for the interests of humanity.

" While the members of the Medical Society sympathize to the fullest extent with a just abhorrence of cruelty, and with all attempts to prevent its infliction on he inferior animals, they are also convinced that these attempts should be always made in a reasonable and proper way, with a full understanding of the subject, and in such a manner as not to interfere with other praiseworthy objects, or to njure other legitimate attempts to advance the interests of humanity.

" In particular, they fully believe that legislative enactments to prevent the employment of experiments on animals for physiological study would be injurious to medical science, and would interfere with the improvement of medical practice. As the object of all medical knowledge is the study and cure of disease, anything which interferes with the improvement of medical knowledge must also diminish the efficacy of the healing art.

" Experiments upon animals have always been a most valuable aid in medical nvestigations. They have often assisted in accomplishing important discoveries, and without their help medical knowledge at the present day would have been in a position much inferior to that which it actually holds. The members of the State Medical Society would, therefore, view with regret the passage of any aws calculated to prohibit or interfere with this kind of physiological investigation.

" It is true that all such experiments should be performed with discretion, and n such a way as not to inflict suffering in a wanton and cruel manner. Your memorialists believe that, in point of fact, they are now performed, when necessary, in a proper and legitimate way, and with a due regard to the teachings of humanity; and furthermore, that existing laws are amply sufficient to prevent the exercise of wanton or cruel torture, if any such should at any time be attempted.

" Your memorialists would, therefore, respectfully represent, for the reasons given above, that physiological experiments upon animals are necessary, proper, and valuable for the due cultivation and improvement of the medical art; that hey may be, and in point of fact are, performed without the infliction of wanton suffering or cruelty; that they lead to results which are of benefit both o mankind and to the animal creation, in the prevention and alleviation of diseases; and that it would be injurious to the interests of science and humanity to deprive the medical art of the assistance which they afford.

" *Resolved*, That the above memorial be adopted by the Society, and that the President of the Society be instructed to transmit a copy of it, with a copy of his resolution, to the two branches of the Legislature, and to the Governor of he State of New York.

C. M. Crandall,
Willard Parker,
S. O. Vanderpoel."

Paracentesis Pericardii.—This rare operation has recently been done at the Leeds Infirmary, with complete success, under the direction of Dr. Clifford Allbutt. We learn from the case, as reported in the London *Medical Times and Gazette*, that the patient, a man aged 26, was suffering from severe acute rheumatism, both muscular and arthritic. There was a large effusion within the pericardium, accompanied by acute pain in the region of the heart.

> "On September 19, about 11.30, P.M., Dr. Allbutt was hastily summoned to see the patient, who was found sitting up in bed, with his elbows on his knees, struggling for breath. He was covered with a cold copious sweat. The area of pericardial dulness was found to be considerably increased, occupying nearly the whole of the left chest in front. There was perfect resonance all over the left lung behind. The patient was clearly at the point of death, and Dr. Allbutt determined at once to ask Mr. Wheelhouse to tap the pericardium. Mr. Wheelhouse was, therefore, called in to see the patient.
>
> "The extent of the pericardial dulness was now accurately defined, and the probable position of the apex of the left ventricle and of the auricle was as far as possible ascertained. Mr. Wheelhouse determined to open the sac half an inch from the sternum on the left side and opposite the upper margin of the costal cartilage of the fifth rib. He passed in a fine trocar, inclining it slightly upwards and inwards, so as to enter, if possible, opposite the centre of the left ventricle. He pushed it onwards until he could distinctly feel the movements of the heart with the instrument; and then, sheathing the point, he pushed the canula well up to the heart until he could both feel and see the impulse. The trocar was then wholly withdrawn, and the fluid allowed to escape. This it did in a steady stream at first, which soon subsided into a saltatory flow coincident with the heart's contractions. The fluid consisted of a pale-pink coagulable serum. On the whole, about two and a half or three ounces escaped. During the operation the patient gradually obtained relief, and after the canula was withdrawn, the bed-rest was removed, and he was able to lie down. The breathing was now only 36 per minute, and he was able to speak a few words, and express that he felt relieved. The pulse had lost its rapid and struggling character, and could easily be counted, its number being about 110. The area of dulness was very decidedly lessened, but it was not thought well to tease the patient again with a minute examination."

The patient was discharged cured on the 13th of October, with slight pericardial dulness and a loud systolic souffle over the apex.

Phthisis in Peru.—On the sea-coast of Peru, as on that of the Gulf of Mexico, incipient tubercular phthisis is one of the commonest of pulmonary affections. From time immemorial, however, it has been known to the natives that a removal of phthisical patients, even in the stage of well-marked ulceration and cavities in the lungs, to the inland valley of Jauja, at a height of 10,000 feet above the sea, was followed by an almost invariable suspension of the disease—a fact which is quite corroborated by the practice of physicians at the present time. From the statistics of Dr. Fuentes, of Lima, published in 1858, it appears that nearly 80 per cent. of the cases of phthisis sent to the Jauja valley are cured. So forcibly has this fact been brought before the Peruvian Government, that it has established in this valley a military hospital for consumptive patients, and especially for native Indian soldiers, who in the capital are singularly prone to phthisis. Indeed, of the whole annual mortality of Lima, no less than twenty-two and twenty-nine thirty-ninths per cent. is attributed by Dr. Fuentes to this disease. So that, as Dr. Smith remarks, we must admit that the Peruvian physicians have abundant opportunity of testing the various modes of treating it; and the unanimous opinion at which they have arrived as to its curability by a removal of the patient to the Jauja valley, leaves no doubt as to the well-founded nature of the reputation which that district enjoys. How much of this curative power may be due to the moral influence exerted by its scenery and associations, t would be difficult to say; but a nearer approach to Elysian felicity than the ives which its population are described as leading, it would be probably impossible to find in any less-favored land. The harvest being home, we are told, the hole rural population rest from their agricultural labors for eight months in the ear, which they give up entirely to amusement and feasting, trusting to the rain f heaven during the other four months of the year to fertilize their land and yield hem more food than they require. Surely Dr. Johnson must have had this valy in his eye when he wrote his pleasing fiction of "Rasselas," for no other of hich we have ever heard realizes the physical conditions under which the Prince f Abyssinia sought for the perfection of human happiness. And we may menon for the benefit of such of our readers who, as valetudinarians or philosohers, may feel an interest in knowing more about this charming region than we re able to tell them, that if the project of running regular steamers up the Amaon from Pará, for 2500 miles from its mouth, which has just been started by n American company, becomes an established fact, they will be able to transport hemselves into it, almost without changing vessels, after a voyage which, though ng, is not tedious nor debilitating, and which will carry them through some of e most magnificent scenery that the world can produce.—*British and Foreign ledico-Chirurgical Review on Health Resorts.*

The American Naturalist; a Popular, Illustrated Monthly Magazine of Natul History.—We have received the first number of the magazine bearing the bove title, and most cordially commend it to the attention and support of our eaders. The Editors are young and zealous naturalists, fully competent to the sk which they have undertaken, and worthy of all confidence. The list of *colborateurs* contains the names of some of the most eminent naturalists in the ountry, and we have no doubt the publication will meet with the distinguished ccess which we feel assured it will deserve.

American Medical Association.—We would call the attention of our readers to e advertisement of a Committee of the American Medical Association calling Convention of delegates from the Medical Colleges of the country. The subects to be brought before the Convention are of the greatest importance, and e hope the meeting will be fully attended.

Cholera on board English Steamers from St. Thomas.—A correspondent of the *nion Médicale* of February 7th states, that the last two English steamers from t. Thomas which had arrived at Southamptom, during a voyage of fourteen ays had had twenty deaths from cholera on board out of ninety-six cases. he French steamer which left St. Thomas about the same time arrived at St. azaire without any sickness on board. The writer suggests that the explanaion of these facts may be found in the circumstance that the English steamers are bliged to wait at St. Thomas a fortnight to receive the inter-colonial corresondence, while the French steamers make but a short stay and proceed directly o Vera Cruz.

Appointments at the Massachusetts General Hospital.—At the meeting of the rustees of the Massachusetts General Hospital, held on the 22d inst., Dr. ames C. White was elected one of the Visiting Physicians to fill the vacancy aused by the death of Dr. A. A. Gould, and Dr. Henry K. Oliver was elected hysician to Out-patients in Place of Dr. J. C. White. Dr. C. E. Brown-Séuard was added to the Board of Consultation.

Appointment of House-officers to the Boston City Hospital.—The following gentlemen have been appointed as house-officers in the Boston City Hospital for the year commencing April 1, 1867:—*House-physicians*—Mr. R. H. Fitz, Mr. W. E. Boardman. *House-surgeons*—Mr. George Gay, Mr. R. L. Wilder, Mr. L. D. Gunter. *Assistant in Ophthalmic Department*—Dr. M. F. Gavin. The house-physicians and surgeons are residents of the Hospital, and they are required not to graduate during their term of service. The ophthalmic assistant is a non-resident, and may be a graduate in medicine. The positions are bestowed upon the successful candidates in a strict competitive examination.

Medical Education in Great Britain.—According to a recent enactment in Great Britain, no medical student can be admitted to medical lectures until after a successful examination in the higher branches of an English education, with mathematics and Latin; nor can he be examined for his final degree until after attendance upon four winter sessions of lectures, or three winter and two summer sessions, including in each session all the branches of medicine, with physics, botany and general history.—*Medical Record.*

Flannel Belts in the French Army.—The Secretary at War has just issued orders for such belts to be supplied to the whole of the French army. They are to be worn on the skin, and are expected to protect and keep warn the abdominal and lumbar regions.—*London Lancet.*

THE fossil skeleton of a whale, perfectly entire, and measuring 150 feet in length, has been found at Hokitika, New Zealand.

PARIS alone sends 18,000 children to nurse in the country.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 23d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	53	40	93
Ave. mortality of corresponding weeks for ten years, 1856—1866	43.8	39.0	82.8
Average corrected to increased population - - - -	00	00	91.22
Death of persons above 90 - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Supra-renal Melasma, or Addison's Disease. By J. N. Borland, M.D.

BOOKS RECEIVED.—Injuries of the Spine, with an analysis of nearly four hundred cases. By John Ashurst, Jr., M.D. Philadelphia: J. B. Lippincott & Co.—Angular Curvature of the Spine. By Benjamin Lee, M.D. Philadelphia: J. B. Lippincott & Co.

DEATHS IN BOSTON for the week ending Saturday noon, Feb. 23d, 93. Males, 53—Females, 40. Abscess, 1—accident, 2—apoplexy, 4—congestion of the brain, 1—disease of the brain, 3—disease of the bladder, 1—bronchitis, 5—cancer, 3—cholera infantum, 1—consumption, 16—convulsions, 6—croup, 4—dropsy, 2—dropsy of the brain, 2—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 2—malformation of the heart, 1—stricture of the intestines, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 2—measles, 3—old age, 3—paralysis, 2—premature birth, 1—smallpox, 4—unknown, 8—whooping cough, 3.

Under 5 years of age, 38—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 14—above 60 years, 21. Born in the United States, 64—Ireland, 21—other places, 8.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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INFLUENCE OF MARRIAGE ON LONGEVITY.

Messrs. Editors,—The accompanying paper on the influence of marriage on longevity was sent to the American Statistical Association by Dr. Stark, one of its corresponding members, and the accomplished and learned Chief of the General Registry Office of Scotland. After being read and warmly approved by the Association, at its last meeting, it was voted that it should be sent to your Journal for publication.

The doctrines are new here and to the world abroad. But if the reports of marriages and mortality in Massachusetts and in other States could be submitted to the same analysis, without doubt they would show that the chances of life are improved for women and very much improved for men, here as well as in Scotland.

Truly yours, Edward Jarvis.

Dorchester, February 11, 1867.

INFLUENCE OF MARRIAGE ON THE DEATH-RATE OF MEN AND WOMEN AT DIFFERENT AGES, IN SCOTLAND.

By James Stark, M.D., F.R.S.E.

It is now a proved fact that, in Scotland, males at all periods of life above 15 years of age are cut off in higher proportions than females. In fact, a nine years' average shows that, at all ages, excepting from 10 to 16 years, when the female death-rate very slightly preponderates, males in Scotland die in a higher proportion than females.

Table I. shows these facts; and the results may be thoroughly depended upon, as they are founded on a nine years' registration of the deaths—no death in Scotland escaping registration, and the people being extremely particular to register the exact age at death.

Taking that table as a whole, and comparing the deaths at each period of life in the sexes, it will be seen that the additional dangers to which females are liable during child-bearing do not cause their death-rate to rise so high as that of the males, who are exempt from all such dangers.

But a far more important inquiry, and one which has not hitherto been investigated, in consequence of the difficulty of procuring exact facts which could be depended on, is, What is the effect of marriage on male and female life? Is its influence, in so far as the death-rate is concerned, for good or for evil? Is its influence limited to the female, or has it also a marked influence on the duration of life in the male?

TABLE I.—*Mean annual Percentage of Deaths to the Population at different ages in Scotland during the years* 1855 *to* 1863 *inclusive.*

AGES.	PERCENTAGE OF DEATHS TO POPULATION AT EACH AGE.	
	Males.	*Females.*
Under 5	6.238	5.686
5—10	0 924	0 892
10—15	0.501	0.513
15—20	0.731	0 662
20—30	1.006	0.817
30—40	1.077	1.021
40—50	1.388	1 186
50—60	2.099	1.771
60—70	3.933	3.308
70—80	9.410	8.266
80—90	20.011	18.075
90—100	37 700	36 325
100 and above	39.652	41.979
All ages	2.216	2.023

So far as I know, no attempt has been made by any statist to trace the effects of marriage on the sexes. Even Quetelet, in his masterly treatise on Man, has not hinted that marriage has any influence on human mortality.

In a paper "On the Sanitary State of Edinburgh," which I published in 1847, both separately as a pamphlet, and in the *Edinburgh Medical and Surgical Journal,* I mentioned a fact which I had ascertained regarding this subject. From the mortality returns which at that time I procured, it appeared that the mean age at death of the married was 57.54 years, while that of the unmarried, above 22 years of age, was only 42.18 years. That result seemed so extraordinary that I was led to doubt the accuracy of the returns of the ages; but from that day to the present I have had no opportunity of following out the investigation.

In an inquiry like the present everything depends on the correctness of the returns from which the tables are drawn up; for if these returns were imperfect, either from not including the whole deaths, or from not specifying the ages and conditions, no trust could be reposed in the tables prepared from them. It is equally necessary, in an inquiry like this, that the census of the population should have been so accurately taken, as that the exact number of married and unmarried men and women, at every age of life, should be accurately ascertained. On all these points the Scottish statistics may be depended on, inasmuch as it is believed that almost no death escapes registration; and the Scotch are so particular in recording the exact age and condition of their departed relatives that every confidence may be placed in the accuracy of the registers. As to the census, that of 1861, on which the tables are founded, was prepared under my own eye, and wherever defective entries had been made, the registers were returned to the enumerators in order that the errors might be corrected, or the parties themselves were communicated with, in order that the abstracts might be as perfect and trustworthy as possible.

As it is necessary to inquire into the influence of marriage on the sexes separately, we shall begin with its influence on males.

I.—*Death-rate of Married and Unmarried Men.*

Table II. is drawn up with the view of showing the influence of marriage on the male sex in Scotland; and it may be stated once for all that all the widowed are necessarily included among the married, and the ages are grouped into quinquennial periods, for the sake of easy reference and more accurate comparison.

TABLE II.—*Married and Unmarried Men at each quinquennial period of Life in Scotland in 1863; the Deaths at the same Ages; and the Percentage of Deaths to the Living at each Age. (Year 1863.)*

AGES.	HUSBANDS AND WIDOWERS.			BACHELORS (unmarried).		
	Number Living.	*Deaths.*	*Percentage.*	*Number Living.*	*Deaths.*	*Percentage.*
20 & under 25	22,946	137	0 597	106,587	1251	1 174
25—30	54.221	469	0.865	48,618	666	1.369
30—35	66.153	600	0 907	25,962	383	1 475
35—40	63,858	690	1.080	15,857	253	1.595
40—45	62,645	782	1.248	12.311	208	1.689
45—50	54.505	869	1 594	8,824	179	2 028
50—55	49.591	880	1 774	7.636	205	2.684
55—60	38,006	929	2 444	5.550	142	2 558
60—65	35.920	1216	3.385	5.242	227	4 330
65—70	22,021	1134	5 149	2,848	156	5 477
70—75	16.029	1291	8.055	2,021	205	10.143
75—80	9,716	1135	11.681	1,081	157	14.542
80—85	5,477	953	17 400	513	101	19.688
85—90	1.708	488	28.571	151	32	21.192
90—95	449	137	30 512	50	21	42.000
95—100	103	40	38 835	6	3	50 000
100 and above	28	15	53.571	3	—	—
Not stated	—	4			5	—
All ages	503,376	11,769	2.338	243,259	4,194	1.723

Table II. is a very remarkable one, and the results quite startling as to the immense difference between the mortality of the married and the unmarried. By that table it appears that at every age from 20 to 85 the death-rate of the married men is much smaller than that of the unmarried. After the 85th year of life the numbers are too small to afford the means of accurate comparison, unless they had been extended over a series of years. Thus, reading the tables without the decimals, so as to make it more easily intelligible, of every hundred thousand unmarried men between the ages of 20 and 25 years, 1174 died during the year; but of a like number of married men only 597 died, or just one half the number. In other words, between the ages of 20 and 25 years the death-rate of bachelors was exactly double that of the married men!

As the age increases, this difference in the death-rates of the married and unmarried decreases; but it decreases slowly and regularly, showing a marked difference in favor of the married man at every period of life. Thus, at the ages 25 to 30 years, when the number of married and unmarried men in Scotland is pretty nearly equal, of every hundred thousand bachelors 1369 died during the year; but in an equal number of married men only 865 died. At that period of life, also, the death-rate of the bachelor very greatly exceeded that of the married man.

Between the ages of 30 and 35, while in every hundred thousand bachelors 1475 died, only 907 died out of an equal number of married men.

We need not go in detail over every separate age; but between the ages of 40 and 45 years, while 1689 died during the year out of every hundred thousand bachelors, only 1248 died out of an equal number of married men. At the ages 60. to 65 years, while 4330 died out of every hundred thousand bachelors, only 3385 died out of a like number of married men. Even at the age 70 to 75 years, while 10,143 died during the year out of every hundred thousand bachelors, only 8055 died out of a like number of married men. Nay, even at the extreme age 80 to 85 years, while 19,688 died during the year out of every hundred thousand bachelors, only 17,400 died out of a like number of married men.

Here, then, we have the remarkable fact, for the first time proved by trustworthy statistics, that the influence of marriage on the male mortality is of the most potent kind; that, in fact, the bachelor life is much more destructive to the male sex than the most unwholesome of trades, or than a residence in a house or district where there is not the most distant attempt at sanitary arrangements of any kind.

This fact is rendered still more striking if we calculate the mean age at death of the married and the unmarried men. If we reckon the whole married and the whole unmarried in the above table, viz., from 20 years to the close of life, we find that the mean age at death of the married men was $59\frac{7}{10}$ years; whereas the mean age at death of the bachelors was only 40 years! Reckoning from the 20th year of life, therefore, married men have a chance of living 19½ years longer than those who remain bachelors!

In the general population, however, about the 24th year of life the number of bachelors and married men is about equal. It will therefore afford a more unexceptionable average if we strike from the table all persons under 25 years, and calculate the mean age at death from the 25th year to the close of life. When this is done, it is found that at death the mean age of the married men was $60\frac{2}{10}$ years, while the mean age of the bachelors was only $47\frac{7}{10}$; giving 12½ years in favor of the married!

This is a remarkable fact; and apparently a special provision of nature to protect the father of a family, in order that he may provide for his offspring and superintend their rearing. It is quite true that this special protection from death is based on fixed laws of nature, by which we see that the generally quiet and regular life of the married man secures him from falling a victim to diseases, to which the more irregular and often more dissipated life of the bachelor renders him prone. It is nevertheless a wise and special provision of nature, and as such merits notice.

But this new fact in statistics seems to explain some things which were formerly unintelligible. For instance, it has been found quite impossible to reduce the mortality of the army, even when in barracks, and not on active service of any kind, to the mortality of civil life—however perfect were the sanitary arrangements in the barracks, and however much attention were paid to the food, clothing, and exercise of the men. The above proved fact fully accounts for this. Sanitarians, in their ignorance of the powerful influence of marriage on the male mortality, were comparing the death-rate of the unmarried soldier with that of both married and unmarried in civil life. Whereas the mortality of the soldier ought to have been alone compared with the death-rate of bachelors in the civil population; and not even with that of the whole bachelors in the population, but with the mortality of bachelors living in towns, who we know die at a much higher rate than those living in the rural districts.

No one can look at the above table without seeing the immense saving of life which would result were all the bachelors above 20 years of age to marry. This would tell especially on the population of Scotland, where a much larger proportion of the marriageable males are bachelors than either in England or America.

To insurance companies, however, a table like the above ought to be invaluable, because it points out to them an unsuspected source of danger, whose influence for evil is as great as vicious habits or the existence of organic disease, or descent from a scrofulous or consumptive family.

The facts, however, which are elicited by this table are of even greater value to the statist, and to the inquirer into the sanitary condition of, or the death-rates affecting, persons engaged in different occupations and trades. This table of itself proves that almost all the conclusions hitherto published on this subject, and which were founded on the general mortality prevailing among men following different occupations, are erroneous; and that any deductions founded on a comparison of the whole number dying annually in any occupation, with the total number of persons following that occupation, are only a propagation of error. Let us exemplify what is meant by this statement.

In Table II. it was seen that at every several quinquennial age the death-rate of the married man was greatly below that of the bachelor. One would naturally expect, therefore, that a comparison of the total death-rates at all ages of the married and unmarried would show the same conclusion; in fact, one would naturally expect that the summary of the death-rates of each class at all ages would be found to correspond with the death-rates at each age. The very reverse is the case. The summary of the table contradicts the results of every separate quinquennial period, and makes it appear that bachelors at all ages are only cut off at the rate of 1723 annually in every hundred thousand living; where the married men were cut off at the rate of 2338 deaths annually in every hundred thousand married men.

Every one can at once see that this is a false conclusion; because if at every several year of life bachelors die in much higher proportion than married men, it must be the same during the whole period of life. How, then, is the false result produced?

The anomaly is at once explained by looking either at the number living or dying at each age. Half of the whole number of bachelors in Scotland are between the ages of 20 and 26 years; and in consequence of this, the annual deaths, though very low to what they are at more advanced years, bulk so largely as compared with the deaths at all other ages, that when the whole deaths are thrown together the general mortality of the bachelors seems to be but little higher than it was at the earliest period of life from which we enumerated them, viz., 20 years. It is quite otherwise with the deaths among the married men. With them, instead of the greatest number of deaths, in any quinquennial period, being between 20 and 25 years of age, by far the greatest number of deaths occur at the three quinquennial periods from 60 to 75 years, at which period of life the mortality is high. Summing the columns, therefore, and comparing the total deaths at all ages with the total living in each class, necessarily leads us to a false conclusion. The comparison, to be correct, must be limited to that of the mortality at each several age.

It is, however, this very erroneous conclusion which pervades all the tables and papers which have been published as to the varying death-rates affecting persons following different occupations and trades, where the deductions have been based on the annual deaths in the total number of persons belonging to each occupation or trade. Such deductions not only give no correct information on the point which they profess to investigate, but they give false conclusions; and the truth is perhaps the very opposite of what it is supposed to be.

Let us take an example from a table published by one of the best statists of the present day, who is as renowned for his caution as for his ability in dealing with statistical inquiries, my friend Dr. William Farr, of London.

All males in England, 15 years of age and upwards, are cut off at the rate of 1816 deaths annually in every hundred thousand males at the same ages. If this gave an approximation to the mortality of the males above 15 years of age, we ought to find that persons who follow notoriously unhealthy trades should be cut off at a much higher ratio; whereas persons who follow notoriously healthy out-of-door occupations ought to exhibit a very much lower mortality.

Dr. Farr, in the Supplement to the Registrar-General's Twenty-fifth Annual Report, published a table professing to give the first fruits of the official investigation as to the mortality of the trades and occupations in England, restricting that table (XXIV.) to sixteen selected occupations, and we are quite entitled to conclude that these occupations were selected for the purpose of showing the value of such an inquiry, and the light it threw on the death-rates of each trade or occupation. To what conclusions, then, do his published deductions lead?

It is quite notorious that one of the most unhealthy occupations in which man can engage is that of baker and confectioner. But by the table referred to, it would appear that, at all ages above 15 years, bakers and confectioners were only cut off at the rate of 1617 deaths annually; that is to say, at a much lower rate than the males of all England at the same ages.

It is equally notorious that men working in the copper, tin, and lead manufactories are cut off at a much more rapid rate than the general population; in fact, these trades are notoriously unhealthy. By the table referred to, however, that class of workers would appear to be extremely healthy, seeing that only 1220 deaths occurred annually in every hundred thousand following these occupations—a full third fewer deaths than in the general male population of all England at the same ages!

It is equally notorious that agricultural laborers, out-door workers, shepherds, &c., are the most healthy class of men in Great Britain; but by the table above referred to they are made to be more unhealthy than butchers, bakers, grocers, shopkeepers, miners, workers in copper, tin and lead, and blacksmiths: for, by that table, it appears that, at all ages above 15 years, 1736 die annually in every hundred thousand persons.

If from that table we turn to the extended tables themselves in which the deaths from each trade, profession and occupation are given, the same fallacious result appears when we compare the total annual deaths with the total number of persons following the pursuit. There is, for instance, not a more firmly established fact in vital statistics than this, that the clergy are the most healthy and long-lived of men. But by making the comparison as above indicated, they would appear to be the most unhealthy class of all, seeing that 1820 persons die annually out of every hundred thousand at all ages. Officers of the National Government, physicians, surgeons and druggists, all equally healthy professions, would by such comparisons appear to be equally unhealthy occupations as that of the clergy, for in every hundred thousand officers of the National Government 1818 died annually, while of physicians, &c., 1701 died annually.

By this false mode of comparison, therefore, clergymen, physicians, and government officers, who have been proved to enjoy better health and to live to a much greater average age than the other professions, trades and occupations, are proved to have a higher death-rate than the most unhealthy trades.

All such deductions are false, as is satisfactorily proved by Table II. The mistake arises from comparing things which are not comparable. The comparison, if made with the population following the occupation or trade, must be made with the respective trades at each several age of life; or, better still, by finding out the average age at death, which can lead to no fallacy.

Dr. Farr must have felt himself staggered by the evidently unexpected and manifestly erroneous results brought out by comparing the total deaths with the total numbers following each profession. This is manifest from the fact that he offers no comments on the tables having reference to the comparison of the death-rates affecting the sixteen selected professions; and also from the fact that he gives an extra table arranging the deaths of these selected trades in their order of least mortality, taking the ages of 45 and 55 years! He gives no explanation why he selected that age to show such a fact, rather than the mortality at all ages.

The above facts, then, prove how careful we must be in deducing conclusions from statistics. Figures of facts, provided they are correctly drawn up, are necessarily truths; but they do not necessarily lead to true conclusions. On the other hand, as in the above-noted instances, they may lead to conclusions the very opposite of the truth. In fact, it is a much more difficult thing to arrive at a truth than most men imagine; and perhaps more difficult in vital statistics than in most other sciences.

II.—*Death-rate of Married and Unmarried Women.*

The deaths of the married and unmarried women of Scotland at each quinquennial period of life were abstracted for two consecutive years, and the results are given in Tables III. and IV. In Table III. the actual number of the married and unmarried women living in Scotland at each quinquennial period of life at the middle of the year 1862 are given, the deaths during the same year, and the proportion of deaths to the living. For 1861, however, two columns are alone given, showing the proportion of deaths in the married and unmarried women during that year, for the sake of affording the means of easy comparison with the results of 1862. By that table it will be seen that, though the proportion of deaths among the married and unmarried women at each age differed slightly during each year, there is no difference whatever as to the results of the comparison between the death-rates of the married and unmarried at each age, for excepting at the extreme ages 80 to 85, and again 90 to 95, when the numbers are too small to give constant quantities, the results of both years are absolutely identical. This almost unexpected result confirms the general correctness of the tables prepared for each year; and shows that the facts brought out by these tables may be depended on, as demonstrating what may be called the law of nature on the subject. Our remarks may, therefore, be limited to Table IV., which gives the mean result of the two years.

TABLE III.—*Number of the Living, and Deaths of the Married and Unmarried Females in Scotland, at different Ages, in* 1862; *and the Percentage of Deaths to the Population at each Age. Also the Proportions for* 1861.

AGES.	MARRIED AND WIDOWED WOMEN IN 1862.			*Pr cent. of married deaths in 1861.*	UNMARRIED WOMEN IN 1862.			*Pr cent. of unmarried deaths in 1861.*
	Number Living.	*Deaths.*	*Percentage of Deaths.*		*Number Living.*	*Deaths.*	*Percentage of Deaths.*	
15 & under 20	3,384	25	0.738	0.983	154,829	1075	0 694	0.691
20—25	39,924	364	0.912	0.910	114,180	895	0.783	0.783
25—30	71,649	683	0.953	0.928	61,044	566	0 829	0.903
30—35	77,503	764	0.985	0.927	34,954	367	1.049	0.941
35—40	71,962	806	1.120	1.116	24,368	300	1.231	1.181
40—45	69,660	806	1.171	1.116	19,690	225	1.142	1.109
45—50	58,934	785	1.332	1.270	14,659	222	1.507	1.455
50—55	54,479	826	1.516	1 449	13,973	269	1.926	1.576
55—60	41,462	886	2.136	1.989	10,216	244	2.389	2.077
60—65	42,390	1200	2.830	2.649	11,405	370	3.244	2.715
65—70	26,242	1242	4 732	4 269	6,875	350	5·090	4.489
70—75	20,337	1342	6.549	6.627	5,544	434	7.828	6.672
75—80	12,190	1424	11.681	10.448	3,230	359	11.114	9.741
80—85	7,490	1278	17.062	15.105	1,986	332	16.717	16.236
85—90	2,646	708	26.757	23.179	582	161	27.663	25.597
90—95	763	282	36·972	32.147	181	55	30.386	39.778
95—100	203	94	46.305	36.138	48	20	41.666	35.416
100 and above	34	17	50.000	50.000	23	3	13.042	26.087
Age not stated	—	11	——	——	—	3	——	——

TABLE IV.—*Mean annual Percentage of Deaths among the Married and Unmarried Women of Scotland, at different Ages, during the two Years of* 1861 & 1862.

AGES.	PERCENTAGE OF DEATHS.		AGES.	PERCENTAGE OF DEATHS.	
	Married and Widowed.	*Unmarried Women*		*Married and Widowed.*	*Unmarried Women.*
15 & under 20	0.860	0.692	60 & under 65	2.739	2.979
20—25	0.911	0.783	65—70	4.500	4.789
25—30	0.940	0.866	70—75	6 588	7.250
30—35	0.956	0.995	75—80	11.064	10.427
35—40	1.118	1.206	80—85	16.083	16.476
40—45	1.143	1.125	85—90	24.968	26.630
45—50	1.301	1.481	90—95	34.559	35.082
50—55	1.482	1.751	95—100	41.221	38.541
55—60	2.062	2.233	100 and above	50.000	19.064

When the mean annual per centage of deaths in the married and unmarried women at each quinquennial period of life is compared, it is found that the married die in a higher ratio during the three quinquennial periods of life, 15—20, 20—25, and 25—30 years; but that during the next two quinquennial periods, viz. from 30—35 and from 35—40 years, during which half of the children are born, the married die at a lower rate than the unmarried.

At the age when the usual "change of life" occurs, viz. between 40 and 45 years of age, the mortality of the married woman slightly exceeds that of the unmarried;—a result which might have been expected, seeing that the fatigues of child-bearing, and nursing, and the harder labor connected with the rearing of her family somewhat weakens the system, and renders that critical period of life more trying to the married than to the unmarried woman.

From 45 years to old age, that is to 75 years, the married women die in smaller proportion than the unmarried; but above that age the numbers are too small to afford any basis for conclusions, though by the tables the chances are still in favor of the married woman from 80 to 95 years of age.

It will be seen that at every quinquennial period of life the difference between the death-rates of the married and unmarried women is very much less than that between the married and unmarried men. It is thus demonstrated, for the first time, that marriage exerts a much more powerful influence on the male than it does on the female; for whereas the influence of marriage on the female death-rate is comparatively trifling, it is of the most marked and potent kind on that of the male. The common belief has always been the reverse of this. The common belief has always been that marriage, by adding to the female the additional dangers of child-bearing, would be found to increase her mortality; but it was never even once suspected that it would make any difference in the mortality of the male. These facts, however, whose correctness there is no denying, disprove all this, and prove that marriage exerts a much more powerful influence on the mortality of the male sex than all imagined sanitary improvements could ever hope to effect.

To return to our table. It was seen that at the three quinquennial periods 15—30 years, married women died at a somewhat higher rate than the unmarried. Thus from 15 to 20 years in every hundred thousand married women, 860 died annually; whereas in a like number of unmarried women only 692 died. From 20 to 25 years of age, of every hundred thousand married women, 911 died annually; whereas in a like number of unmarried women only 783 died. From 25 to 30 years of age, in every hundred thousand married women, 940 died; whereas in a like number of unmarried women at the same ages, only 866 died.

During the next two quinquennial periods of life, however, the married women died in a lower ratio than the unmarried. Thus from 30 to 35 years of age, in every hundred thousand married women, 956 died annually; but in a like number of unmarried women at the same age, 995 died annually. From 35 to 40 years of age, in every hundred thousand married women, 1118 died annually; but in a like number of unmarried women at the same ages, 1206 died.

As nearly half of the children who are brought into the world are produced by mothers 30 years of age and upwards, it is worth while to ascertain why it is that the mortality of the married under 30 years of age is higher than that of the unmarried under 30; while the death-rate of those bearing children above 30 years of age is less than that of the unmarried. The fact that the death-rate of the married women from 30 to 40 years is lower than that of the unmarried, proves of itself that it is not mere child-bearing which increases the mortality of the married women under 30 years of age. Yet it must be connected with child-bearing, else the mortality would have remained as low as in the unmarried. For this cause we have not far to seek.

Every medical man knows that the risk to the mother is far greater at the birth of her first child than at any subsequent delivery; and it is extremely probable that the whole extra mortality of the married female under 30 years of age, may be caused by the greater dangers which attend the birth of her first child. Indeed this may be considered to be demonstrated by the following considerations and facts.

In the Second detailed Annual Report of the Registrar-General of Scotland, viz. for the year 1856, a table was given, showing the ages of all the women in Edinburgh and Glasgow who gave birth to children in 1855, and also the number of children to which each woman had given birth.

TABLE V.—*Number of Mothers in Edinburgh and Glasgow in* 1855; *the number of these who were confined with their first Child, and the proportion per cent. of Mothers who bore their first Child.*

Ages of Mothers.	*Total Number of Mothers.*	*Number of Mothers bearing their first Child.*	*Proportion of Mothers bearing their first Child to every 100 Mothers at each Age.*
15—20 years	403	354	87.8
20—25	3814	1921	50.3
25—30	5057	1019	20.1
30—35	3943	331	8.3
35—40	2395	124	5.1
40 and above	961	32	3.3

Table V. is prepared from that table, and it shows the proportion of mothers at each quinquennial period of life who bore their first child at these respective ages. That table at once demonstrates that the higher mortality of the married woman between the ages of 15 and 30 years, is solely due to the superadded dangers which attend the birth of the first child. Thus between 15 and 20 years of age, 87 per cent. of the mothers gave birth to their first child. From 20 to 25 years of age, 50 per cent. of all the mothers who were confined, gave birth to their first child; while from 25 to 30 years of age, 20 per cent. of the mothers gave birth to their first child. Above that age the proportion of women giving birth to their first child was quite trifling, gradually diminishing from 8 to 3 per cent.

It was only, then, at the ages when a very large proportion of the married women were giving birth to their first child, that the death-rate rose higher than that of the unmarried women. But the moment that age was attained when the great majority of the women had got over the birth of their first child, viz. 30 years, the mortality fell even below that of the unmarried women. This seems clearly to prove that it is bearing the first child which causes the higher mortality of mothers between 15 and 30 years of age. In fact, the table seems to prove that after the birth of her first child, the married woman, even from 15 to 30 years of age has an equal chance of life with her unmarried sister, and after she has passed her 30th year, and during the whole of her remaining child-bearing period, has a better chance of life than the unmarried woman.

Seeing these things are so, there is nothing to prevent the higher mortality of the married woman under 30 years of age, being quite arrested. Medical men all know whence the dangers of the first birth arise. The causes are almost entirely removable. They are causes almost wholly due to our civilization and faulty habits, which produce an overexcitable, unduly stimulated, yet worn out frame, where health and vigor ought alone to exist.

Edinburgh, August, 1866.

Bibliographical Notices.

Eleventh Annual Report of the Trustees and Superintendent of the Northampton (Mass.) Lunatic Hospital.

The Trustees commend the plan of treatment pursued, the system of purchase and distribution of supplies, and the economical management of the affairs of the hospital during the past year; and although the current expenses, including some extraordinary outlay for necessary repairs and permanent improvements, have been met from the income of the institution, they suggest that it would be well to have some working capital, " a sum so large as to prevent the necessity of borrowing."

The Superintendent, Dr. Pliny Earle, reports the number of patients in the hospital Oct. 1, 1865, as 352—158 males and 194 females. Admitted during the year, from general population, 94—56 males and 38 females; from other State hospitals, 38—16 males and 22 females; from State Almshouse, Monson, 4--3 males and 1 female. Whole number under treatment, 488—233 males and 255 females. Number discharged, including deaths, 83—51 males and 32 females; number remaining Sept. 30, 1866, 405—182 males and 223 females.

Of those discharged, 24 were recovered—15 males and 9 females; 20 were improved—13 males and 7 females; 8 were unimproved—5 males and 3 females; and 31 died—18 males and 13 females.

Of the deaths, 13 were of private boarders, and the ages of four were 80, 81, 85, and 81 years respectively. Three deaths were from that fatal form of mental disorder and cerebral disease, typhomania, and occurred in *two, seven* and *ten* days, respectively, after their admission. The other deaths were caused, mostly, by phthisis and marasmus.

With regard to medical treatment, the Doctor says:—" It is still based on the same general principles which were briefly mentioned in the last report, and there is little of novelty to be mentioned in this connection." " The ' new cure ' for epilepsy—bromide of potassium—

has been freely used in a considerable number of cases, without other favorable result, hitherto, than a mitigation of the severity of the disease in a few of them." "The cases here are all chronic ; it may be more efficient in the earlier stages of the disease."

Work with the hands is considered here, as elsewhere, the most powerful of those hygienic and curative agents and influences which are classed under the general term, "moral treatment" ; and the Superintendent thinks in no year has this agent been more extensively applied than in that which has just closed. From the records kept of all the days' work done by patients during nine months in all departments, it amounts to 25,081 days ; though a large part, he adds, "is of course far less efficient than that of healthy men and women."

Services in chapel have been, divine worship on the Sabbath, conducted by the clergymen from the village in rotation, and a variety of entertainments on week-day evenings, such as lectures by the Superintendent and others, readings of the Holy Scriptures, poetry, &c., and singing ; and once a week, except in the warmest weather, a social gathering on one of the rotunda floors, when dancing is allowed.

The practice of enticing patients to a hospital by false pretences, formerly very common, is still not wholly discontinued by well meaning but very injudicious friends, and is justly condemned by all who have the care of insane persons. In speaking of this matter, Dr. Earle says, "It being decided to place a person in the hospital, let him be frankly informed of that decision." "By proper management, in doing this, he will generally consent to the change, or, at least, will not oppose it." "If he does not consent, and does oppose, better by far that he should be brought manacled and bound from head to foot, than that he should be lured by promises made to be broken, and by anticipations which are doomed to disappointment."

The daily routine of hospital life is minutely described—improvements both of farm and buildings noted ; and the report closes with the usual acknowledgments to assistants and donors.

Annual Report for 1866, *of the Trustees and Superintendent of the Butler Hospital for the Insane, at Providence, R. I.*

During the past year, the Trustees report the addition of twelve and a half acres of land to the Hospital farm, first by purchase, but finally as a gift from Alexander Duncan and Robert H. Ives, the same gentlemen who gave the funds for the new building which was completed early in the season, designed for the benefit of the patients, and devoted—the lower story, to two bowling alleys with separate entrances for males and females—and the second story, to a billiard room with two tables, and a reading room or museum. In elegance of construction and interior finish, and in the completeness of its appointments, this building is said to be unequalled, or even unapproached by any thing of a similar kind, either in this or any other country.

A very important item in the report is the fact of the resignation of Dr. Isaac Ray, their able and accomplished Superintendent, who has had charge of the Hospital from the beginning, and previously held a similar situation in the Maine Hospital. Before assuming his duties at the Butler Hospital, he visited and examined thoroughly the Hospitals for Insane in England, France and Germany. Fortunate indeed were the Trustees in securing the services of Dr. Ray for their new Institution, a man of such rare qualifications for the office. The yearly reports that have gone forth from his pen, have made the name of the "Butler Hospital" an honor at home and abroad, and every line of them is worthy to be read and pondered by all who have the mental integrity and welfare of the human race at heart.

Although Dr. Ray's resignation was received and reluctantly accepted in January, 1866, he consented to remain until a successor could be appointed, and, consequently, he did not leave until January, 1867, when Dr. John W. Sawyer, formerly assistant to Dr. Ray, and for the last five years assistant in the Wisconsin State Hospital, was appointed and assumed charge of the Institution.

From the report of Dr. Ray we learn that the number of patients in the Hospital, Dec. 31st, 1865, was 131—66 males and 65 females. During the year, there were admitted, 44—31 males and 13 females; making the whole number under care, 175.

The number discharged was 56—18 males and 38 females, leaving, on the 31st of December, 1866, 119.

Of those discharged, 24 had recovered, 3 had improved, 11 were unimproved, and 18 died.

Dr. Ray takes the opportunity in this report to review the history of the Institution from its beginning, now twenty years, and to point out its present and future wants to enable it to sustain and advance its present character in a similar manner as other institutions for the same purposes. To meet these wants at the present time, he thinks they need 80,000 dollars for necessary repairs and improvements. He devotes several pages to an exposition of the manner in which he has conducted the affairs of the Hospital, and while he thinks he may have erred sometimes, he does not wish to avoid any responsibility that properly belonged to him, and only claims the indulgence that is always due to an honest purpose and diligent endeavor.

Northampton, Feb., 1867. C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 7, 1867.

THEORIES OF DISEASE.

When the strong man, engaged in the active pursuits of life, is laid low by illness, his affairs left to take care of themselves as best they may, himself rendered helpless as a child by, as it were, a power inexorable, the event often creates in the popular mind a sentiment of wondering surprise. It is looked upon as a departure from the ordinary course of things; as an accident, and almost even as an impertinent intrusion. Or else it is thought that if more care had been used, if this thing had been done, or that not done, the calamity need not have occurred. This last idea has been carried so far by some as to be generalized into the statement that all diseases are the consequences of infraction of the laws of health, if not by the sufferers, yet by their ancestors; and is suggestive of the Jewish belief that sickness was a punishment for transgression of the moral law.

Avowedly to controvert these notions is the aim of certain arguments latterly addressed to the profession. The accomplished author of these views, which are set forth in an elegantly written essay, contends that diseases are "a part of the plan of creation"; that the idea of them "must have originated in the Creator's mind"; and that though "deliberately devised they do not necessarily imply 'gratuitous malevolence.'" He founds his theory on the fact that diseases have been the heritage of the animal creation, from the fossils of a past epoch to the human species; and on the evidences of design in the history and course of various maladies.

In a certain well-established sense, we must all coincide in the above statements. But, in the course of his remarks, the writer referred to seems to take more from man's free will agency than some of us would be willing to allow. Since this theory is announced as a denial of the popular ideas before mentioned; and, also, from the general drift of the essay in which it is advanced, the inference appears to be that disease is to be considered as predestined, imposed as a necessity on the physical organization, and scarcely more within the sphere of human agency than the winds, the tides, the rain, or the drought. Our author, however, himself seems to shrink somewhat from so sweeping a generalization. After saying that "we may not often prevent their coming," he adds, before finishing the sentence, "we may seek with some certainty of success to evade their approach." But, as a general thing, he seems to discourage the expectation of avoiding, arresting, or controlling them.

Now, we do not anticipate that disease is to be eradicated from the world much before the millennium; and, we are fully aware that all of us who do not perish from violence or accidental injury, will be carried off, sooner or later, by some disorder. We do not gradually wither up, and disappear, nor suddenly subside into dust, like the "one-hoss shay" (in the fable of that name), which had no part weaker than the rest. Still it strikes us that the arguments used to sustain this doctrine that disease is a part of a fixed and unalterable plan, as much and in the same way as are the processes of reproduction, of growth and decay, prove too much. For, as its author himself sets forth, what are termed *injuries*, which are obviously in large measure the result of human agency, accidental (so-called) or intentional, are equally universal as diseases. And we claim that they show quite as evident marks of design, in the provision for them, as events that were to come about in some way, through the mysterious relation between the Creator's ever-present providence and the creature's free will. We see design manifested in the arrangement for the expulsion of foreign bodies, for the effacing of solutions of continuity, and particularly for the union of fracture, with its provisional callus in the shaft of a bone, but with none in the capsule of its joint where it would do harm.

But, leaving the abstract discussion of the origin of disease to merge itself in the more general one of the *origin of evil*, and looking at the question from a practical point of view, we find our knowledge of the subject limited to a very simple statement. Disease sometimes occurs, as in the case of syphilis, in the form of retribution for trangression, on the part of the victim, or his parentage; sometimes as the consequence of imprudence; sometimes, indeed, as a misfortune, inevitable in the present state of our knowledge. By the terms of the statement, the first two classes are not *predestined* to us regardless of our volition. To cite examples, we have pneumonia occurring as the effect of meteorological changes, which we can also often resist in proportion to our means of shelter and habiliment; variola, which is spread largely by contagion, which could formerly be escaped only so far as isolation was practicable, but which we can now, to a great extent at least, protect ourselves against by the wonderful discovery alike and invention of vaccination; intermittent fever, which we need not have, unless necessity or duty bring us into certain marshy districts; typhoid fever, which, indeed, we as yet know not how to avoid. The first instance, pneumonia, represents a group of complaints which, as we usually see them, we are not able to break up, but which we can alleviate; intermittents we do stop by quinine; varioloid and typhoid fever are illustrations of large classes of diseases, which, in the present state of our knowledge, we cannot arrest, and probably cannot shorten, but may ameliorate. In their mortality, too, these last mentioned can only be lessened by promoting the "endurance" of the patient while the malady passes through its "succession of processes." Yet, in that way alone, something may be done. The enlightened practitioner (who truly appreciates the "cure" of his patients), by the timely administration of an opiate or a purgative, and by the careful direction of that aggregate of attentions which constitutes good nursing, may, nay must, sometimes turn the scale, wavering between life and death, and thus add somewhat to the number of recoveries.

But we must not forget the gradually increasing list of disorders, of which to know their causes is to avoid or remove the latter, and the morbid phenomena with them; as, for instance, the lesions produced by the acarus, the tænia, the trichina, and other parasites.

In fine, let us remember that the same hand which sent us *pain* gave us *opium*. We know nothing more appropriate in etymology than the derivation of the name of one of the preparations of that drug—viz., *laus Deo*.

Having already occupied more than our allotted space in speaking of the origin of disease and our control over it, we can barely allude to a theory of its essential nature, advanced by Dr. Ellis in his address to the Medical School of Harvard University. Dr. Ellis argues that vital phenomena are not distinct from physical, but are intimately interwoven with them; that diseases are not separate entities; but that morbid phenomena are simply perversions of healthy action; and that the two merge into each other by as imperceptible gradations as those which lead from sanity to insanity. We would add that an analogy may be borrowed from the moral world, where it is claimed by some that the evil passions are merely perversions of healthy and rightful instincts. This theory is enforced by various weighty citations of fact, and we are gratified to regard it as in harmony with the views we have above advocated.

As we now for the first time occupy the Editorial chair, we have thought it might not be improper to state the views we have given above.

We are well aware that it would be no easy task for any one to attempt to fill the place vacated by our predecessor—a hopeless one perhaps for ourselves. And we do not forget that among the readers of this JOURNAL are many who are fitted to be our teachers. We can only promise our endeavors to perform the duties of the position we now assume, with diligence, firmness and impartiality.

REMARKABLE CASE OF LARYNGOSCOPIC SURGERY.

At the monthly meeting of the Suffolk District Medical Society, on the 23d lt., Dr. H. K. Oliver, at the request of the President of the Society, reported a ase so rare as to induce us to make it the subject of special mention. This was he extraction, through the mouth, by the aid of the laryngoscope, of a tumor rom the right vocal cord, with complete restoration of the vocal functions. We re not in possession of the details of the case, which will, however, of course, e brought to the notice of the profession in due time, but the main facts are s follows:—

The patient was a male adult, who was brought to Dr. Oliver by his ordinary edical attendant in May, 1866, having entirely lost his natural voice for a peiod of ten months. A laryngoscopic examination showed the cause of the troule to be a tumor, the greater part of which was buried in the body of the right ocal cord. The free portion was about the size of a pea, which, in the closure f the glottis, pressed against the left cord. The normal action of both cords as therefore completely annulled. The removal was accomplished by the comined employment of incisions and caustics, under the guidance of the laryngoope, after a patient series of operations extending over a period of more than ree months, with entire safety to the vocal cord. The patient was present at e meeting of the Society referred to, and read a few sentences from a book; d it was difficult to believe that one of his vocal cords had been the seat of a orbid growth. At the close of the meeting, Dr. Oliver lighted up the interior f the larynx for the inspection of the members of the Society, and a cicatrix, arking the former site of the tumor, was plainly visible upon the cord.

The tumor was, according to Dr. Ellis's microscopic examination, fibro-plastic nature. Of course, its recurrence is a matter of possibility, and it was Dr. liver's intention to wait still longer before reporting the case as completed, but arly six months having elapsed since the removal, he seems to have been quite stified in yielding to Dr. Bowditch's desire to bring it to the notice of the istrict Society. Whatever the future may bring forth, the case, as it now ands, presents one or two most interesting points, which we shall be pardoned r referring to.

It is only quite recently that the profession, generally, have been willing to elieve that the larynx could be made to tolerate the presence of an instrument r a period of time sufficient even for the seizing of a pediculated growth within s cavity, and the project of employing anything stronger than the solutions of itrate of silver was, with apparent reason, deemed extremely hazardous. Dr. liver's case, however, shows that it is possible to employ cutting instruments d the most powerful caustics, with perfect immunity to the healthy structures d with no extraordinary degree of discomfort to the patient.

Notwithstanding, however, the aid which the laryngoscope affords, in maniputing within the larynx, the history of the extirpation of sessile growths in this rgan shows that time is often necessary for their removal. Especially must this e true when a vocal cord is the seat of the growth, and any reasonable length of me would seem to be well spent, provided the cord could be, eventually, prerved uninjured.

We deem it fortunate that the case presented itself in this part of the country, r, although laryngoscopy has already taken a place among us as a most important aid in medical practice, such a result of an operative procedure as we are now able to record, cannot fail to enlist at once entire confidence in the resources of this art.

We would add that Dr. Bowditch, whose specialty has shown him much of diseases of the larynx, pronounces an encomium on this operation, the purport of which is, that the latter is the most beautiful and striking innovation in surgery of which he has been cognizant for years.

The number of this Journal issued September 27th, 1866, contained an editorial which we have reason to believe did great injustice to a well-known chemical house in this city. It had not at the time the sanction or approval of the publishers, and we are satisfied that justice to the parties alluded to requires this *amende* from us. A.

The Medical Faculty of Harvard University entertained the medical class at a social gathering at the Revere House on Friday evening, March 1st. There were also a number of other invited guests from among the physicians of Boston and vicinity, besides one or two not of the profession. Among the latter we recognized Mr. Ball, of the Board of Trustees of the City Hospital, and the Rev. Dr. Neale. The Navy was represented by Dr. S. F. Coues, of the U. S. Hospital at Chelsea. The spacious reception rooms of the hotel were well filled, and a handsome collation was provided. The number of undergraduates is over three hundred.

For the information of those members of the profession who wish to attend the surgical visits at the Massachusetts General Hospital, the following announcement is made. The arrangement, for the next two months, will be as follows:—Dr. Warren will visit with surgeons, on Saturdays at 10 o'clock; Dr. Clark at the same hour on Wednesdays. Dr. Clark will visit with the students at 10 o'clock on Saturdays; Dr. Warren on Wednesdays. Surgical operations on both days at 11 o'clock.

During the months of May and June this plan will be reversed—Dr. Warren visiting with surgeons on Wednesdays, Dr. Clark on Saturdays.

Appointment at the Boston Eye and Ear Infirmary.—Dr. B. Joy Jeffries has recently been appointed one of the Surgeons of this Institution.

We also learn that the same gentleman has been chosen lecturer on Diseases of the Skin at the Berkshire Medical College.

We would call attention to the advertisement of Mr. Wilson in the advertising columns of this week's Journal. To purchasers of surgical instruments, Mr. Wilson offers rare advantages for buying at greatly reduced prices.

The *Union Médicale* says:—"We read in a letter from Leipzig, published in the *Augsburgh Gazette*, that Professors Griesenger, Pettenkofer and Wunderlich have met here to prepare a set of prescriptions for the treatment of cholera, which they propose to publish. Dr. Macpherson, who has made a special study of cholera in India, has arrived to aid them in their conferences. These four physicians are unanimous in the opinion that cholera is propagated by subterranean waters.

Massachusetts Medical College.—The Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 13th. The exercises will commence at 11½ o'clock, A.M., with a prayer by President Thomas Hill, D.D., after which graduates will read selections from their disserations. The degrees will then be conferred by the President, and the exercises will conclude with an address by Prof. Louis Agassiz, LL.D.

The Corporation and Board of Overseers of the University will be present on he occasion, and the Fellows of the Massachusetts Medical Society, all medical tudents, and all persons who may be interested in medical science, are hereby espectfully invited to be present.

GEORGE C. SHATTUCK, M.D.,
Wednesday, March 6, 1867. *Dean of the Medical Faculty.*

The new Treatment of Rheumatism. MESSRS. EDITORS,—I am glad you pubished Trousseau's formula from Parrish, as it enables me to correct an error. I ad not read it before, but simply saw it was announced as in Parrish's book. Trousseau's own statement is of a syrup saturated with lime. "*Il se prépare en aturant le sirop de sucre par le chaux et en filtrant.*" On looking at Parrish, I ind that it is to be made of *slaked lime.* This is entirely wrong. *It should be made of caustic lime.* The best formula would be to mix two (2) ounces of lime unslaked and eight (8) ounces of sugar together in the mortar, and pour over he mixture a wine pint of boiling water. Filter and add boiling water enough o make up the pint. By the use of boiling water, the operation is more rapid nd the formation of lumps is avoided. Of this I have given as much as forty-five (45) drops every two (2) hours in one case of acute rheumatism. Generally, hirty-five (35) drops in half (½) a tumblerfull of milk every three (3) hours has een enough. The diet in my cases has been left to the patient's choice.

Very truly yours, C. E. BUCKINGHAM.

Vital Statistics of Providence, R. I., for the Year 1866.—The number of mariages in Providence during the year 1866 was 793. This number was 84 more han in 1865, and 54 more than were ever before reported in Providence in any ingle year. There were 1,632 births reported in 1866, or 334 more than in 1865. The population of Providence in 1865 was 54,595. It may safely be estimated t 56,000 in 1866. This would give, during the year 1866, one birth to 34·3 of he population; one person married in 35·3 of the population; one person died n 54·0 of the population. There was a gain, during the year 1866, of 596 in he population, by the excess of births over deaths; in the previous year the gain was only 87.

Absence of Kidney.—Mr. W. Symonds, of Ross *(Lancet)*, examined a man who ad died from typhus, and found entire absence of the right kidney, although the ight supra-renal capsule was then natural and healthy. The left kidney weighed even and a half ounces, and was healthy.—*Canada Medical Journal.*

Insects, Fabricators of Iron.—It is well known that some insects are skilful pinners, but it was not known that some of them fabricated iron. A Swedish aturalist, M. de Sjogreen, has published a curious memoir on this subject. The nsects in question are almost microscopic; they live beneath certain trees, especially in the province of Smaland, and they spin, like silk-worms, a kind of ferruginous cocoons, which constitute the mineral known under the name of "lake ore," and which is composed of from 20 to 60 per cent. of oxide of iron mixed with oxide of manganese, 10 per cent. of chloric, and some centimetres of phoshoric acid. The deposits of this mineral may be 200 metres long, from 5 to 10 metres wide, and from 8 to 30 inches thick.—*Medical News*, from *Revue de Thérap. Med.-Chirurg.*, Sept. 15, 1866.

THERE was recently described in a paper read before the Royal Society of London a microscope which exceeds what has been considered the utmost attainable limit of perfection in this instrument. It magnifies three thousand diameters with its lowest eye-piece, and fifteen thousand diameters with its highest, so that an object is made to appear one billion five hundred seventy-five million times larger than it really is.—*American Artizan.*

A Death from chloroform took place recently at Bellevue Hospital on the occasion of the performance of a rhinoplastic operation by Prof. Hamilton. The patient was a robust, middle-aged Irishwoman, whose nose had been bitten off in an encounter with a negro.—*Medical Record.*

Rush Medical College, Chicago, Ill.—The Annual Commencement exercises in this Institution took place on the 30th of January. The degree of Doctor of Medicine was conferred on 72 members of the Class; and the honorary degree was conferred on Dr. David Prince, of Jacksonville, Ill., and Dr. Ezra S. Carr, of Madison, Wis. The address to the graduating Class was delivered by Prof. E. Ingalls. As already announced, Prof. M. Gunn, of Michigan, has accepted the chair of Surgery made vacant by the death of Prof. Brainard. A professorship of Surgical Anatomy and Military Surgery has been created, to which Prof. Edwin Powell has been elected.

At the Annual Commencement of the Medical Department of the University of Buffalo, February 26th, the degree of Doctor of Medicine was conferred on forty graduates. The charge to the graduating Class was delivered by Prof. James P. White, and the valedictory address by Milton G. Potter, A.B. M.D.

The Long Island College Hospital had 109 matriculants and 49 graduates at its session for 1866.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, Marbh 2d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	43	36	79
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.7	43.6	86.3
Average corrected to increased population - - - -	00	00	95.06
Deaths of persons above 90 - - - - - - - -	0	0	0

Journals and Pamphlets Received.—Medical Record, Nos. 24 and 25.—Medical and Surgical Reporter, Vol. xvi., Nos. 6–8.—Buffalo Medical and Surgical Journal for February and March.—Chicago Medical Examiner for February.—Medical Reporter, Nos. 6–8.—Nashville Journal of Medicine for February.—Richmond Medical Journal for February.—Atlanta Medical and Surgical Journal for February.—Galveston Medical Journal for Novem-and December.—L'Union Médicale, Nos. 13–21.—London Lancet (reprint) for February.—Chemist and Druggist for February.—Journal of Materia Medica for February.—Detroit Review of Medicine and Pharmacy for February.—Druggists' Circular for March.—Boston Journal of Chemistry and Pharmacy, No. 5.—Dental Cosmos for February.—University Journal of Medicine and Surgery, No. 10.—Herald of Health for March.—Hall's Journal of Health for March.—Phrenological Journal for March.—Proceedings of the Pathological Society of Philadelphia, Vol. II.—Third Annual Report of the Board of State Charities of Massachusetts.

Communications Received.—The Pathological Physiology of the Brain in Cholera. By Dr. E. Mesnet. Translated by Theodore W. Fisher, M.D.—Sore or Excoriated Nipples. By Daniel V. Folts, M.D.

Deaths in Boston for the week ending Saturday noon, March 2d, 79. Males, 43—Females, 36. Apoplexy, 1—disease of the bowels, 1—disease of the brain, 4—bronchitis, 4—consumption, 15—convulsions, 4—croup, 2—debility, 1—diarrhœa, 1—dropsy, 1—dropsy of the brain, 1—epilepsy, 1—scarlet fever, 2—typhoid fever, 3—hæmorrhage, 2—disease of the heart, 3—infantile disease, 3—inflammation, 1—intemperance, 1—disease of the liver, 1—disease of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—old age, 1—paralysis, 1—premature birth, 2—scrofula, 1—smallpox, 4—disease of the spine, 2—syphilis, 1—teething, 2—unknown, 5—whooping cough, 2.

Under 5 years of age, 31—between 5 and 20 years, 8—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 61—Ireland, 11—other places, 7.

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REPORT OF THE COMMITTEE APPOINTED BY THE OVERSEERS OF HARVARD COLLEGE TO VISIT THE MEDICAL SCHOOL DURING THE YEAR 1866.

[Communicated for the Boston Medical and Surgical Journal.]

At an adjourned meeting of the Board of Overseers of Harvard College, held in Boston, on the seventeenth of January, 1867, the following Report was submitted, accepted and referred to the Corporation:—

To the President and Board of Overseers
of Harvard University.

Gentlemen,—Agreeably to the notice of the President and Board of Overseers of Harvard University, the Committee to examine the Medical School, consisting of Drs. Winslow Lewis, J. Mason Warren, Samuel Cabot, John Green, George Hayward, Ezra Palmer, Daniel D. Slade, C. G. Putnam, William Read, Horatio R. Storer, Clement A. Walker and George H. Lyman, visited the School, inspected the rooms, received the reports of the Professors, and beg leave to present the following report:—

The various rooms were found to be in a satisfactory condition. The state of the School will be best shown by the following digest of the reports of the Professors.

In the department of Obstetrics and Medical Jurisprudence—Professor D. Humphreys Storer—the full number of lectures has been given during the term, and many valuable specimens have been added to the Museum illustrative of this branch.

In the department of Pathological Anatomy—Professor John B. S. Jackson—the usual course has been pursued of lectures on General Pathological Anatomy, and recent specimens, alternating with lectures on prepared specimens. The Anatomical Museum has been enriched, during the past year, by one hundred new specimens. A Descriptive Catalogue is now in preparation by the Curator.

The department of Clinical Medicine, conducted by Professor H. I. Bowditch, assisted by Adjunct Professor Calvin Ellis, has been of great advantage to the students, who have availed themselves of its practical and theoretical teachings in increasing numbers. It is proposed to extend its sphere of usefulness, during the coming term, by the formation of a corps of assistants selected from advanced students. The plan of requiring three years' study in some recognized medical school, of candidates for a diploma, is suggested.

Professor O. W. Holmes, of the Department of Anatomy and Physiology, reports that the customary course of instruction has been given during the winter term, to the largest class ever present at the lectures. The department has been strengthened by the following appointments:—Dr. Jeffries Wyman as Professor of Comparative Anatomy and Physiology; Dr. C. E. Brown-Séquard as Professor of the Physiology and Pathology of the Nervous System; Dr. D. W. Cheever as Assistant Professor of Anatomy; and Dr. J. S. Lombard as Assistant Professor of Physiology.

In the department of Theory and Practice—Professor G. C. Shattuck, and Adjunct Professor C. E. Buckingham—the usual number of lectures has been given, besides visits to the medical wards of the Massachusetts General Hospital and the surgical wards of the City Hospital. The late Dr. Gould and Dr. Minot have delivered lectures and made visits in the medical wards of the Massachusetts General Hospital during the spring term. Dr. Tyler has given instruction in Psychological Medicine.

Professor H. J. Bigelow, of the Surgical Department, states that sixty lectures were given during the winter term, and abundant opportunity offered for the study of practical surgery in the visits and numerous operations at the Massachusetts General Hospital. At the City Hospital, Ophthalmology has been illustrated theoretically and practically by Dr. H. W. Williams; and at the Boston Dispensary very useful instruction has been given in out-practice and minor surgery. Since the appointment of Dr. R. M. Hodges as Adjunct Professor of Surgery, it is proposed to increase the number of lectures in the coming term. Recitations were held during the summer term.

The regular course of lectures was given by the Professor of Chemistry—Dr. John Bacon—during the winter session. In the summer session recitations were heard, and instruction given in practical chemistry in the laboratory. Should the number of students desiring practical instruction increase, it will become necessary to enlarge the laboratory. The recent appointment of Dr. J. C. White as Adjunct Professor, will add to the efficiency of this department.

Dr. E. H. Clarke, Professor of Materia Medica, reports that the required number of lectures was given during the winter term; and during the summer the usual course of recitations held, either by himself or his assistant, Dr. F. E. Oliver.

The Museum of Materia Medica is entirely inadequate for the purposes for which it is used, and an increase in material and space is desired. The increase in the number of students is adverted to, and the want of accommodation for them in the present building.

The Dean of the Medical Faculty, Dr. G. C. Shattuck, reports as follows:—"Every department of the School has been characterized, during the past year, by activity and well-directed energy. The School began with three professors; it now numbers twenty-three professors, adjunct professors, assistant professors and instructors. The establishment of a summer term has been attended with gratifying success. In connection with the lectures, the School has the advantages of the Massachusetts General Hospital, the City Hospital, the Boston Dispensary, and the Eye and Ear Infirmary. The attention of the Committee is called to the urgent need of greater accommodation, either by adding to the present structure or the erection of a new building. The expenses of the School amount to $5000 yearly, which sum is deducted from the fees of the Professors, with the exception of the small income from the Jackson Fund. The funds of the School have been chiefly derived from medical men; and in view of this fact, it seems proper to make an appeal for material aid to the community. It is clear that something must be done in this direction, if the number of students is to be increased and the position of the School maintained."

The reports given above furnish abundant evidence of the continued prosperity and the growing importance and usefulness of the Medical School. It is now eighty-four years since the first efforts were made for its establishment, and its history is one of success from its inception to the present time.

The following account is a brief *résumé* of its rise and progress:—

Before 1783 no medical school existed in Massachusetts, and the study of medicine was pursued with much difficulty. No regular instruction was given; the only available means were to go to Europe —a thing not easy of accomplishment in those days—or to follow the private practice of some physician. The war of the revolution gave an impulse to the profession of medicine, and showed the necessity and wisdom of giving proper facilities for its support. The government of Harvard College founded a school in 1783, with the following corps of Professors:—Dr. John Warren was Professor of Anatomy and Surgery, Dr. Aaron Dexter of Chemistry and Materia Medica, and Dr. Benjamin Waterhouse of the Theory and Practice of Medicine. The class of students attending lectures numbered twenty, and was drawn from all parts of New England. In 1785, the degree of Bachelor of Medicine was first conferred, a probation of seven years being then exacted before the candidate became a Doctor of Medicine. From 1806 to 1810 the Faculty received accessions to its numbers by the appointment of Dr. John C. Warren as Adjunct Professor of Anatomy and Surgery, Dr. John Gorham as Adjunct Professor of Chemistry, and Dr. James Jackson as Lecturer on Clinical Medicine. The facilities for medical instruction in Cambridge being insufficient, the School was removed to Boston, and in 1810 lectures were given by the increased staff, the course occupying three months instead of six weeks as heretofore. Donations of specimens were then first given for the formation of an anatomical collection. In this year (1810) efforts were made by some members of the profession to found another school, with equal privileges to this, and the attempt nearly succeeded. Party feeling ran high, and the subject of the schools became mixed with the strong political feeling then raging, and had it not been for the strenuous exertions of Drs. J. C. Warren and James Jackson, there is reason to believe that the Harvard Medical College might have succumbed, for it was then impossible for two schools to have existed in the contracted field of Boston. But the storm was weathered, and three years later a grant of land in Mason Street was received from the State, on which, in 1816, what was then considered a handsome building was erected. At this time two more Professors were added to the Faculty—Dr. Jacob Bigelow in the department of Materia Medica, and Dr. Walter Channing in that of Midwifery. The School continued to prosper, and thirty years later the number of students attending the lectures had risen to 160, and greater accommodation became necessary. A liberal gift of land from Dr. George Parkman, the contributions of some of the wealthy citizens of Boston, and the sale of the old college building furnished the means, and the building in Grove Street was the result.

One department of the College deserves especial notice—that of the Museum of Anatomical Specimens. This collection, one of the largest in the country, was presented to Harvard University by Dr. John C. Warren, with a sum of money for its preservation, in December, 1847, being the result of his labors, with those of his friends and pupils, for more than forty years. The following gentlemen were among the chief contributors to it, or were engaged in making preparations for it:—Drs. James Jackson, John Gorham, Spaulding of Portsmouth, Rufus Wyman, Winslow Lewis, George Parkman, Wm. Gamage, Jr., Edward Warren, Alexander E. Hosack, J. B. S. Jackson, J. M. Warren, and Samuel Parkman. Since the collection came into the possession of the College it has been greatly augmented by gifts from various sources, and by the assiduous labors of the Curator, Dr. J. B. S. Jackson. Drs. O. W. Holmes, H. J. Bigelow, R. M. Hodges, D. W. Cheever, and others, have made important preparations for it. Valuable contributions were made to it by the late Dr. George Hayward. It contains about 2800 specimens.

The collection has now outgrown the space devoted to it in the College, and as no additional means of accommodation are available, the question of a new building at once presents itself.

The present building was erected at a time when the number of students was small, and the necessity of removal from Mason Street pressing. Its situation, in close proximity to the Massachusetts General Hospital, is perhaps the best for its purposes; but it is defective in construction, and constantly in danger of being destroyed by fire.

There is great need of a good medical library in connection with the College. The number of books now in possession of the College is not large, but is of great value. They are, however, accessible to few, and not increasing with the advancement of medical science. Should the library be given space enough, and thrown open, under proper restrictions, to the professional public, and donations solicited, there is every reason to believe that a rapid growth in its size and importance would result. At present, Boston and its neighborhood possess no complete medical library. Collections of medical books exist in the University Library at Cambridge, and in the Boston Athenæum and Public Library, but none of them fully meet the wants of the profession. It is thought desirable by your committee, that the medical books in the University Library at Cambridge, especially the Boylston Collection, which are very valuable and but little used, should be added to the Library of the Medical College in Boston, if this can be legally effected.

The class of students now contains somewhat over 300 members, and the lecture rooms of the College are too small to accommodate properly more than half that number. While the increase in material for instruction and the number of pupils is gratifying, and gives promise of yet greater growth in the future, the limited capacity of the building becomes painfully manifest. Your committee would therefore suggest that if it is not feasible to erect a new structure on the present site, or elsewhere, a fire-proof building, capable of containing the Anatomical Museum and the Library, be erected, at a proper distance from the College. Of the importance of a fire-proof building for containing the Anatomical Museum, the destruction by fire of the splendid collection which the late Dr. Valentine Mott had passed his life in forming, is an example. The value of the present collection belonging to the Medical School can hardly be estimated in money; the loss of it would be irreparable, as it could not be replaced by purchase. To meet the expense of the outlay required by this plan, it would seem proper to make an appeal to the public, who are interested in giving to the medical man the best facilities for a thorough education.

The College now numbers among its professors, or has connected with it, some of the most distinguished men in their departments in the country. In addition to the instructions of the able corps of professors, adjunct professors, assistant professors and instructors, the student can avail himself of the teachings of the Massachusetts General Hospital, City Hospital, Dispensary, and Eye and Ear Infirmary in Boston, and valuable courses of lectures in Cambridge by Professors Wyman, Agassiz, and others.

It would increase the efficiency of some of the departments of instruction, could wards in the Hospital be set apart, or, what would be better, could hospitals be established for the treatment of the following affections:—syphilitic diseases, skin diseases, midwifery, diseases of women, and diseases of children. These branches would be much better and more systematically illustrated for the purposes of instruction, were they treated in separate hospitals. As it is, the first of the above-mentioned classes is not received into our City Hospitals, only a limited number of the second, none of the third, and but few of the fourth and fifth.

The attention of the Overseers is earnestly called to this matter, in the hope that through their influence, steps may be taken to further the interests, not only of the medical profession, but of the public at large, by carrying out the suggestions above mentioned.

All of which is respectfully submitted.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. S. CABOT.

Reported by Mr. F. R. Sturgis.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—*Fracture of the Femur in two places, occurring in a Boy 5 years of age. Recovery.*—D. H., æt 5, a native of Dorchester, of rather delicate appearance, was run over by a cart three hours previous to entrance. At entrance, an examination under ether revealed two fractures—one in middle third of left femur, and another one near the knee-joint. Both were oblique. The knee-joint was swollen, quadrilateral in shape, and on palpation showed fluctuation. The patella was elevated, freely movable, and pushed a little downwards.

While under ether, extension by Dr. Buck's method was applied. Everything went on well, and on the 25th inst. extension was left off, but so much pain was complained of in the femur that it was reapplied.

On Dec. 2d, the apparatus was removed for the second time. Union appears firm at both joints. There is no pain in leg. Swelling of knee-joint has entirely subsided, leaving it somewhat stiff. By measurement, there is no shortening.

On Dec. 20th, use of knee-joint is reported good, passive motion having been exercised since Dec. 2d. The joint is a little broad and thickened. On examination of the upper fracture, there is a very slight callus felt. No shortening. Was discharged, Jan. 20th, 1867, well.

Remarks.—The points of interest in this case are, the occurrence of a fracture of the femur in two places (which is rare), and the rapid recovery without stiffness of the knee-joint.

Case II.—L. R., 13 years of age, a native of Boston, though of Portuguese parents, entered the Hospital, with a tumor in the right infra-clavicular region, of three years' duration. This has grown slowly and painlessly. On examination, the tumor extends from the third rib up to and beneath the clavicle of right side in its long diameter, and laterally from the axilla to within an inch of the median line. It is firm and elastic to the touch; the skin in some places is freely movable over the tumor, in others it seems to be adherent, and in one place near the axilla is a faint reddish spot. The clavicle is not apparently implicated in the growth, being distant from it, and freely movable. A prolongation from the tumor appears to go beneath the bone. On palpation, no thrill is transmitted to the hand. On auscultation, the ear discerns a pulsation; this, however, seems to be transmitted from the subclavian or axillary artery, which is covered over by the tumor, rather than from any sound due to the growth. The tumor does not extend into the neck. General appearance that of cachexia, though reports general health good.

On the 16th inst. a consultation was held, and it was decided to operate on the growth (the nature of which was supposed to be probably malignant). This was done on the following day by Dr. Cabot, in the presence of the students. The first incision was carried through the skin and subcutaneous cellular tissue; this latter was found hard and brawny, and adherent to the growth beneath. Fluctuation was now felt by the finger, and the bistoury being plunged into the mass, a large quantity of pus (roughly estimated at eight ounces) was evacuated.

The only dressings used were poultices in the early part to promote suppuration, and subsequently the introduction of lint tampons to make the wound granulate from the bottom. The patient did well, and on Dec. 3d was discharged from the Hospital, with directions to report as an out-patient. At that time the wound had not entirely healed up, the adjacent hardness was subsiding, and suppuration was diminishing. The last time she was seen (Jan. 11th, 1867), the abscess was much smaller and softer, and was evidently closing up from the bottom. The depth was then about one inch.

Remarks.—This case is interesting from the fact of a hard mass coming on as a free, movable tumor on the border of the muscle in a cachectic person; its increasing size; the incorporation of itself with the tissues round it; from its not approaching the surface for so long a time; from its producing adhesion, like malignant growths, between the deep and superficial layers; and from the deep fluctuation being obscured by the hardened, super-imposed tissues causing it to resemble a soft solid. These, taken in connection with the sallow skin, &c., led to the belief in a malignant growth.

CASE III.—*Strangulated Hernia. Operation. Recovery.*—E. C., native of Ireland, married, 35 years of age, was admitted into the Massachusetts General Hospital with an irreducible hernia of three days' duration. Her general health is poor. Comes from a phthisical family; she herself has been subject to cough, with expectoration, but without blood, until the morning of entrance, when the sputa were tinged with blood, and have continued so ever since.

On Nov. 24th, after a violent fit of coughing, noticed for first time a swelling in the right groin, which was painful, and could not be returned. At 5, P.M., of the 26th inst., was seen by a physician, who, having brought the patient under the influence of chloroform, made very thorough and persevering, though unsuccessful attempts to reduce the hernia by taxis. Previous to taking chloroform vomiting was present, whether stercoraceous or not, patient was unable to say. Has not vomited since evening of 26th inst. Bowels have always been regular. On the 24th, had one natural dejection. On the 25th, supposing pain in bowels to arise from colic, took castor oil, which she vomited up on the 26th. Had several small, loose dejections during 25th and 26th. Catamenia regular. Pulse 100, weak, rapid. Expression, one of weakness and dejection.

The tumor was of the size of a goose's egg, soft and excessively painful to the touch, and overlapped Poupart's ligament. At upper portion is a redness, as though violent attempts had been made to reduce the tumor.

Patient was etherized, and an incision made in the largest diameter of the tumor. The septum crurali was adherent to the outer surface of the sac, so that when the sac was opened, the two were cut together. On opening the sac, a somewhat turbid fluid (about half an ounce in quantity) flowed from it. The walls of the sac were apparently adherent to the septum crurali, and at the upper portion was an ecchymosed mass between the septum crurali and the hernial sac. The hernial protrusion was of intestine of the size of the tip of the forefinger, and somewhat dark. A director was passed between the hernia and the ring, and a slight incision allowed its reduction. Two superficial arteries were tied. The wound was brought together by four sutures. Compression with sponges and a spica bandage was employed, and the thigh was kept flexed upon the body.

On the 29th, there was much pain, hardness and redness round and above the wound. Had one constipated dejection (without medicine) yesterday. Wound discharging an ichorous, offensive matter. Appetite and sleep poor. Pulse weak. Appearance exhausted. Yeast poultice was applied, with relief.

Dec. 1st.—All the sutures and ligatures were withdrawn. Improved in all respects. Has a dejection almost daily.

Dec. 6th.—Wound suppurating healthy pus in moderate quantity. Hardness of edges disappearing. The hardness above edges of wound, mentioned on Nov. 29th, proves to have been an abscess, which has discharged itself spontaneously by a separate opening. Bowels not moved since 1st inst. Was ordered ol. ricini, ʒ ij., which operated in the evening.

From this time up to the date of her discharge (Dec. 14th), the patient did well. No further descent of the hernia has occurred. Bowels are moved regularly every second day without medicine.

Remarks.—In the first place, we notice that the bowels acted, although slightly, throughout the entire course of the disease; and, in the next place, we notice that the nausea and vomiting, symptoms usually prominent, were in this case but slightly marked; still, in spite of that, there yet remained sufficient evidence of strangulated hernia, and the operation showed the importance of immediate interference. The amount of force requisite for taxis had probably altered the condition of things in this region, and in all likelihood had been the cause of the ecchymosis and the adhesion between the septum crurali and the hernial sac.

ON THE MODES OF ADMINISTRATION OF SYSTEMIC ANÆSTHETICS.

By Ephraim Cutter, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Since the admirable discovery by Dr. B. W. Richardson of the generally certain and speedy production of *local* anæsthesia by the cold induced from nebulization of volatile substances, it must be confessed that the field for the induction of *systemic* anæsthesia by inhalation has been narrowed. Indeed, the performance of such a capital operation as the Cæsarian section painlessly by Dr. R.'s method, ranks the process as one of the most brilliant of modern inventions, whether we consider either the brief amount of time employed, the minimum of chemical reagents used, or the maximum of directness of application accomplished. Still, the day has not yet arrived when the use of anæsthetics by inhalation has ceased, even among those who give a high place to the production of anæsthesia by cold.

Acting on this view, the writer begs leave to call attention to the following, not as setting forth anything *both* new and established, nor yet for approval or condemnation, but as simply an endeavor in a direction calculated, at some time, to produce the maximum of ease and perfection in the administration of anæsthetics to the whole system.

Probably the simplest and best method of administering anæsthetics, at present ordinarily employed, is to pour on a napkin or towel folded into an oblong compress, about nine by five inches, a small, unmeasured quantity of the anæsthetic liquid; then, placing it over the mouth and nostrils of the patient, allow him to inhale the air which, getting in between the napkin and the face, becomes charged with the vapor of the anæsthetic, and bears it into the pulmonary mucous membrane. When the charge is exhausted by evaporation, it is renewed by simply removing the cloth and pouring on a fresh amount of the liquid, and so on till the sleep of oblivion results.

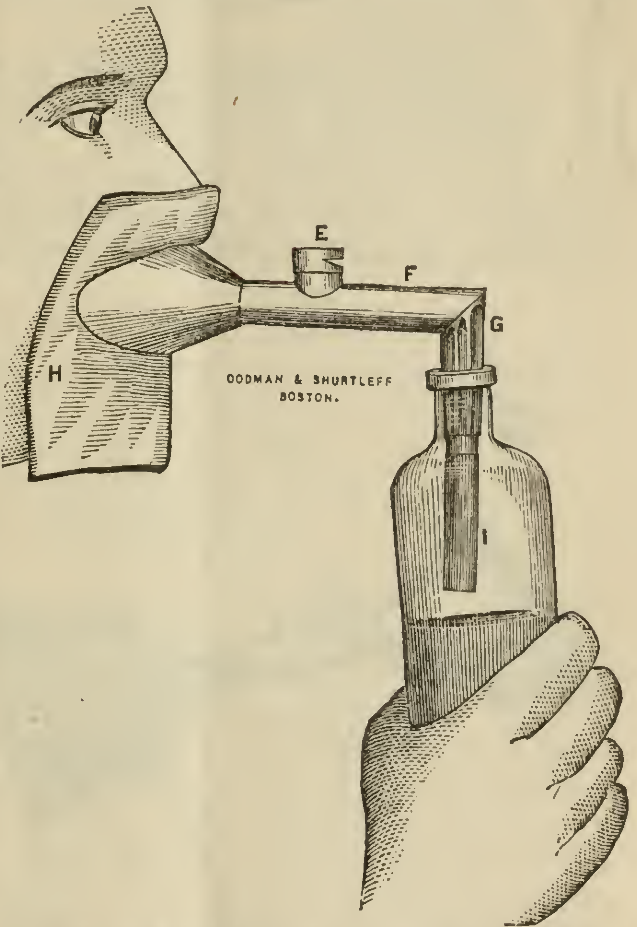
Into this procedure enter the following articles and acts, taking *ether* as a type of anæsthetics:—*Articles:* (1) a napkin or towel; (2) ether in a reservoir; (3) ether poured out and evaporated on (1) the napkin. *Acts:* (1) preparing the napkin; (2) pouring the ether on to the napkin, repeatedly; (3) evaporation of the ether from both sides of the cloth, the greater proportion of which is unused and consequently wasted; (4) a contamination of the atmosphere of the apartment; (5) partial disturbance of operators and assistants by the odor of the ether; (6) contact of the liquid ether with the patient's face, causing unpleasant coldness, smarting, and sometimes (by chloroform) excoriation. The advantages of this procedure are the small number of necessary appliances, the universal presence of the towel or napkin in civilized society, and the great facility with which the administration is managed. It would seem that no similar procedure could be simpler and more admirable. Perhaps it is not best to try to improve upon this. However, the following subjective experiment is offered as a tentative one.

In July, 1865, the writer was suffering under an ague of the face caused by taking cold in the second upper right molar tooth, which was carious. Seeking relief, he procured a bottle partially filled with ether, and then reclined on his back on a sofa. It was a very natural act to apply the unstoppered orifice of the bottle to the mouth and to inhale the vapor therefrom, which easily accomplished speedy relief. Satisfied with the facility of the performance, the writer was led to inquire closely as to the features of the act. It was found that the bottle was a common white-glass pint-bottle, with a ground-glass stopper—diameter of outside orifice about three fourths of an inch—that the upper lip was so applied to the outer part of the orifice of the bottle as to cover one half of the opening. The inspired air entered through the uncovered half of the orifice, part of it passed into the mouth beneath the lip, and another part proceeded down into the reservoir far enough to partake of the vapor of the ether in quantity sufficient to produce anæsthesia.

In this procedure the articles and acts were: (1) liquid and aëriform ether in a reservoir, and the patient; (2) *Acts (a)*, extension of the upper lip over one half of the unstopped orifice of the reservoir; *(b)* inspiration; *(c)* evaporation of ether, without waste, from a liquid surface. Compared with the procedure first adduced, it will be seen that one article was employed instead of three; that the acts discarded all pouring, all waste by evaporation, all physical contact of the anæsthetic liquid with the person of the patient, and all the procedures in relation to a napkin. In this place, it is queried which of the two methods is the simpler.

The next step in the writer's mind was to adapt the above subjective method to objective use. It was very evident that it would be impossible to cause patients to practise the bottle method. It appeared necessary only to have a tube penetrate into the reservoir towards, not below, the surface of the liquid—something that would hold its place and not get out of order. After many trials, the simple expedient was employed of dropping into the orifice of the bottle the fluted tube of an ordinary apothecary's tunnel. The conical form easily adapts itself to the orifice and allows of its employment n different orifices of varying sizes—thus not confining its employment to the same reservoir. The longitudinal corrugations, with the parietes of the orifice of the reservoir, form channels whereby the air inds ingress whenever an inhalation is practised through the tube. The projecting portion of he tube is bent at a right angle for convenience of administration and to prevent its slipping inside, should a very large oriice happen to be employed. In fact, a right-angled tube, half an inch in diameter, without corrugations, may answer the ndications—the bend not permitting the tube to lip into the bottle.

Fig. 1.

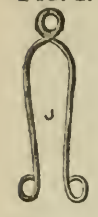


Bottle Apparatus.—H, napkin. E, valve of egress of breath. F, valve of ingress. G, corrugated tube, terminated by cylindrical tube of two parts, capable of being drawn out like a telescope, so as to keep within a given distance of the surface of the anæsthetic. I, reservoir containing anæsthetic.

It is not necessary that he reservoir should be ylindrical and monosomatous. It may have , polygonal, cubical or onical shape, and have more than one orifice. ndeed, in the method uggested, the one orifice s divided into two. The air should pass into the reservoir, impinge upon he surface of the anæshetic, become charged with the vapor, and then pass off, to be succeeded by a fresh current of air, ready to take up its quantity of vapor, in he same manner as the little buckets in an "elevator" follow each other loaded with grain. The inspired air is thus constantly and successively charged with nearly a given amount of vapor, for in the cylindrical reservoir the exposed evaporating surface of the anæsthetic is the same until the uneven surface of the bottom of the reservoir is reached. This remark would not apply when a very large reservoir is employed. A difficulty here arises in that the expired air passes directly into the reservoir. This is obviated by attaching to the tube an apparatus with two valves made of India rubber—one of ingress and one of egress. The hard-rubber mouth-piece commonly employed by dentists, attached immediately or mediately by an India rubber tube, renders the apparatus complete for dental operations, and has been satisfactorily used for this purpose.

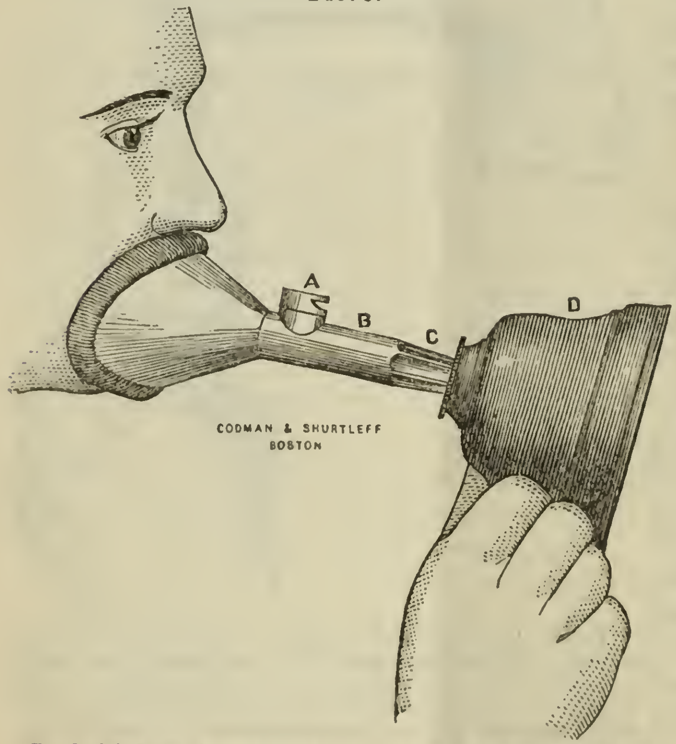
For surgical purposes, mouth-pieces of trimmed iron, provided with valves covered with cloth or felt, or with a perforated napkin, answer the indications. Vide Figs. 1 and 3. In case the nostrils need closing it is easily done by the use of a spring clamp, Fig. 2.

FIG. 2.



Another mouth-piece is made of soft India rubber, covering mouth and nose at once, its flexibility rendering its adaptation to different faces easy. The napkin has the advantage of cleanliness, freshness and neatness for each successive patient. It should be perforated simply by a slit, into which fits the barrel of the inhaler perforating the flange.

FIG. 3.



Packed inhaler in one piece.—A, valve of egress. B, valve of ingress. C, fluted tube. D, packed reservoir.

A modified reservoir for the anæsthetic is seen in Fig. 3. It is a conical reservoir, packed with cotton or tow, in order to secure a large evaporating surface. It was suggested by Dr. Robert Ellis's fimbriated inhaler. It has the advantage of being easily laid down when disused. It also can be tilted in any direction and the ether will not escape. In some, Mr. Shurtleff has put (Fig. 1) an opening between the valve, E, and the flange, which, when opened, allows of direct fresh air without withdrawing the apparatus from the face.

Résumé in relation to the inhaler. *Articles:* (1) anæsthetic liquid in a reservoir; (2) inhaling apparatus; (3) iron clamp; (4) napkin. *Acts:* (1) holding to the mouth of the patient the apparatus. *Advantages:* economy. Fluidrachms have answered the purpose of the ounces ordinarily used, by reducing the waste of evaporation to a minimum. No contact of anæsthetic with face. An approximation to an accurate constant amount of vapor in the air inhaled. *Disadvantage:* the use of a special apparatus not everywhere found. It is admitted that this is the greatest objection to any apparatus, but whether it is not outweighed by the advantages is a question for decision.

Conclusion.—If these remarks should afford a missing link in the chain of observation or experiment of any contemporary, or should stimulate inquiry in this direction, the writer will be content. The matter of expense of anæsthetics is almost universally ignored as an ignoble consideration; however, a saving of 87½ per cent. does seem desirable to the writer. The apparatus is not patented, is made under the writer's direction, and may be obtained at reasonable rates, with all the modifications, of Messrs. Codman & Shurtleff, 13 Tremont Row, Boston.

Boston, January 17, 1867.

SORE OR EXCORIATED NIPPLES.

[Extracts from an article communicated to the Boston Medical and Surgical Journal, by DANIEL V. FOLTS, M.D.]

> "When fevers burn, or ague freezes,
> Rheumatics gnaw, or colic squeezes,
> Our neighbors' sympathy may ease us
> Wi' pitying moan;
> But thee—thou hell o' a' diseases,
> Ay mocks our groan."

IF an aching tooth could thus arouse the Scottish bard to the utterance, if not of "thoughts that breathe," at least of "words that burn," I was wondering the other day, when his natal anniversary was being celebrated, what he would have said of the agony of nursing with sore nipples, especially had he been a mater-, instead of a pater-familias! Perhaps no other disease apparently so trifling, and never fatal, has caused a tithe of the sufferings in the lying-in chamber that this has. For centuries the profession has been devising means for its cure. On the shelves of every physician's library are found volumes containing long lists of remedies for this affection. The mineral, the vegetable and animal kingdoms have all been laid under contribution. The salts of silver, of copper, of lead, of zinc and mercury, as well as those of alumina and potassa, have had their advocates. Time would fail to speak of all the washes and lotions—narcotics, emollients and astringents—to say nothing of the unguents, plasters and fomentations that have been employed. And yet so common is this complaint that a distinguished professor in one of our large universities writes, "I am surprised when I hear one of my patients say that she does not suffer from it." It however affords me pleasure to be able to put it on record that my experience differs from that of the professor—for a very large majority of my lying-in patients, in a practice extending over more than a quarter of a century, have been free from this source of suffering. And yet but too often have I been compelled to witness the terrible struggle between bodily pain and maternal affection, when the infant called for its natural food and the mother was attempting to supply it. When the attention of the surgeon was first called to the value of collodion in closing incised wounds and healing abraded surfaces, I thought surely, now we have it! But after having brushed over many an excoriated nipple, thereby adding suffering to misery by the smarting caused by the ether in the compound used, I was compelled to abandon it. For, aside from the pain caused by its application, I found that the artificial cuticle formed was as worthless as the narrow strips of adhesive plaster recommended by Dr. Physick, the power of the original infant pump being usually sufficient in one application to disarrange the whole arrangement. At one time, in common with others of the profession in this city, I had some confidence in "Parker's oil and ventilating nipple shield." In some cases, indeed, it answered a good purpose, but in more it utterly failed, so that of late I have ceased to recommend it. It has always been my opinion that to cure a sore nipple absolute rest of the part was as necessary as to heal an incised wound; and generally, I think, we shall find, as Dr. Gooch has it, that "we are rowing against the stream so long as the cause, viz., the action of the child's mouth in sucking, is renewed at short intervals." To succeed, then, the chapped or excoriated surface should be protected from the friction of the infant's tongue and gums; and this not for a few hours or days even, but until it is healed and covered by sound integument. To fulfil this indication and not wean the child, has hitherto been a task difficult to accomplish. The various shields of wood, metal and glass, with all manner of teats attached, have been called into requisition; and besides those found in the shops, I have had others constructed by skilful mechanics. With these I have sometimes succeeded, but more generally the matter has ended in mortification to myself and disappointment to my patient. * * * * [Dr. Folts then speaks of certain other nipple shields which he had found possessed of much merit, but gives the preference to the one described in this article]. It remained for Mr. Kent, a well-known apothecary of this city, in his "Metallic Nipple Shield and Caoutchouc Teat," to supply the long-felt need. This is the only artificial nipple that I have ever used with unvarying success, and so admirably does it answer the purpose that the worst cases of sore nipples have entirely recovered without any local application whatever to the excoriated surface, beyond cleansing the parts and wiping them dry when the shield was removed. Glycerin unguent, or some other emollient application, might in some cases be advisable to soften the skin and promote granulation. Mothers who had suffered untold agony in nursing, and had resorted to all other means in vain, have been at once relieved by this simple appliance. The valvular arrangement is so simple that it is almost impossible for it to get out of order, and yet so efficient that a few inspirations of the child cause it to adhere so firmly that nursing proceeds much as if no artificial medium were interposed. What the infant thinks of the arrangement, we shall not, perhaps, at present be informed; but the mother says, "blessings on the head of the man who invented it!" I will only add, for the benefit of those who may be so unfortunate as to need this mechanical substitute, and for the information of the profession at large, that T. Metcalf & Co., 39 Tremont St., are the general agents for its sale.

East Boston, February 7, 1867.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 14, 1867.

GRADUATING EXERCISES OF HARVARD MEDICAL SCHOOL—ADDRESS OF PROFESSOR AGASSIZ.

The usual exercises of the graduating class of the Medical School of Harvard University and the conferring of degrees, took place at the Medical College on Wednesday, the 13th inst. The anticipated address from Prof. Agassiz added a special attraction to the occasion, so that the largest lecture-room of the College was crowded to its utmost capacity. After the usual introductory exercises, six of the theses selected from those of the graduating class were read by their respective authors, all of them giving evidence of creditable devotion to their studies, and some of them of decided originality of thought. Medical degrees were conferred upon eighty-two graduates.

Professor Agassiz commenced his address by an apology for presenting himself to his audience without any elaborate preparation. Circumstances had prevented this, but he should do injustice, he said, to the feelings of sympathy towards the Medical School which were felt in the other departments of the University, if he had failed to appear before them. The subject which in such a connection naturally suggested itself to his mind was the application of experimental physiology to medical science. Granting the immense importance of such investigations, he held that they were only justifiable when based on a full appreciation of the identity of plan in the structure of man and the lower animals. He did not dwell on the importance of these investigations, but used them as arguments for a full and thorough study of Comparative Anatomy. Only such a knowledge of this subject as made it evident that there was a similarity in the plan of structure between the lower animals and man could justify such researches. He illustrated his point by reference to the various orders of the animal kingdom, directing attention to those which by their organization made them the most proper objects for experiment, and indicating others, which from the very nature of their vital phenomena could not justify any deductions to phenomena in man. He urged the great importance of studying these peculiarities in animals themselves, not in books; and incidentally referred to the great advantage to be thus gained in skill in minute dissection and the use of the scalpel.

Prof. Agassiz paid a just tribute to the general scientific attainments of the medical profession, and alluded to the great confidence which as a class they almost universally command; urging it as a motive for the continued pursuit of scientific studies through life, and incidentally paying a tribute to the acknowledged head of the medical profession in Boston at the present time, as showing in his advanced years more intellectual activity than most younger men.

Prof. Agassiz next spoke of the theories of transmutation of species, so popular just now, as a subject naturally associated with the topics he had been discussing. He impressed upon his hearers the importance of considering such questions for themselves, and of not being led away by any doctrines merely because they were popular. In connection with this topic he took occasion to enforce the value and importance of original observations with the microscope. He described in a cursory manner the development of all animal life from the egg, giving an outline of cell-development and transformation, and indicating the classes of animals whose development could thus be studied, either on the seacoast or in the interior. He remarked upon the differences which exist among allied animals of the present day; which, however closely they may approach each other, still retain their original type and never merge into each other, still presenting the same characters as their mummified representatives found in Egypt. He referred, as an interesting fact in this connection, to the much greater changes than the theory of transformation supposes which take place in the different stages of development of animals, but which never lead to a change of type, the same species ultimately always resulting from the same egg; or, if a departure from the type occurs, constituting a monstrosity, which, as all medical men know, is not perpetuated. Prof. Agassiz ascribed the readiness with which the theory which he had been discussing found acceptance at the present day, to the popular ideas about improvement and progress. His discourse was listened to with much interest by the large audience assembled, and was calculated to produce an excellent effect upon those for whose benefit it was specially designed.

Massachusetts Medical College.—The following gentlemen received their degrees from Harvard University on the 13th inst.:—

Names and Residence.	*Thesis.*
Andrews, Joseph, *St. John, N.B.*	Carcinoma of Stomach.
Barber, Charles Joseph, *Winchester, N.H.*	Epilepsy.
Barteaux, Edward Lawrence, *St. John, N.B.*	Bright's Disease.
Blaisdell, George Carr, *Goffstown, N.H.*	Phthisis.
Blaisdell, Walter Channing, *Boston,*	Vaccination.
Blake, John Tower, *Providence, R. I.*	Propagation of Epidemics.
Boardman, Edward Everett, *Somerville,*	Cardiac Disease.
Bowen, William Shaw, *Greenwich, R. I.*	Osmose.
Bull, George Henry, *Hartford, Ct.*	Sexual Excess.
Caldwell, William Minns, *St. John, N. B.*	Fever.
Carleton, Charles Greenleaf, *Haverhill,*	Destructive Metamorphosis.
Casey, Kitson, *New Brunswick,*	Cholera.
Churchill, John Henry, *Boston,*	Premature Labor.
Clarke, William Johnson, *Chester, Vt.*	Abortion.
Corbett, Henry Thomas, *Kingston, C. W.*	Diseases of Aborigines.
Cornish, Ellis Holmes, *Halifax,*	Phthisis.
Crawford, John William, *Lawrence,*	Uterine Hemorrhage.
Denny, James Henry, *Somerville,*	Mental Toxicology.

Name and Residence.	*Thesis.*
Dodd, Simon Walker, *Charlottetown, P. E. I.*	Vaccination.
Doherty, Hugh, *Boston,*	Syphilis.
Draper, Edward Leroy, *Ware,*	Phthisis.
Fleming, Alexander, *Stanley, N. B.*	Abortion.
Fowler, Archibald Campbell,	Dysmenorrhœa.
Garvin, Lucius Fayette Clark, *Pawtucket, R. I.*	Accidental Surgery.
Gleason, Jubal Converse, *Hubbardston,*	Typhoid Fever.
Hall, Sidney Storrs, *Rosendale, Wis.*	Intermittent Fever.
Hatch, William Allen, *Waterville, Me.*	Rubeola.
Heaton, Charles William, *Boston,*	Hernia.
Hill, Edward Henry, *Harrison, Me.*	Phthisis.
Hill, Francis Orman Jonathan Smith, *Newburgh, Me.*	Typhus Fever.
Holmes, Thomas Burrus, *Sauk Centre, Minn.*	Opium.
Hosmer, Charles Edward, *Bedford,*	Direct Causes of Dropsy.
Hunt, Moses Nowell, *Danvers,*	Signs of Pregnancy.
Jacobs, Thomas Shreve, *Sidney, N. S.*	Opium.
Lewis, Edwin Rufus, *Amherst,*	Alcohol.
Lewis, John Albert, *Truro, N. S.*	Digestion.
McDonald, Matthew, *Boston,*	Principles of Treatment.
McDonough, James Aloysius, *Boston,*	Diet in Disease.
Merrill, Henry Putnam, *Andover, Me.*	Emotions.
Moulton, Benjamin Francis, *Lynnfield,*	Erysipelas.
Randall, John Newton, *Decatur, Ill.*	Bright's Disease.
Robbins, James Henry, *Calais, Me.*	Pain.
Root, Richmond Barbour, *Byfield,*	Hygiene.
Scott, Anderson Lemuel, *Boston,*	Lead Poisoning.
Simpson, Henry Young, *Worcester,*	Variola.
Spaulding, Joseph, *N. Woodstock, Ct.*	Diphtheria.
Squier, Abiram Francis, *Buffalo, N. Y.*	Acute Gastritis.
Stevens, Edmund Horace, *Boston,*	Use of Medicine.
Tabor, James Vaughan, *Stetson, Me.*	Liver.
Townsend, Henry Elmer, *Boston,*	Hernia.
Venables, James, Jr., *Halifax, N. S.*	Scarlatina.
Webster, John Calvin, *Wheaton, Ill.*	Gout.
Whitaker, John Birtwistle, *Fall River,*	Hysteria.
White, Robert, Jr., *Boston,*	Tobacco.

Wednesday, March 13, 1867. GEORGE C. SHATTUCK,
Dean of the Faculty.

Kent's Nipple Shield.—This article, recommended by Dr. Folts in this week's JOURNAL, seems well calculated to answer the purpose for which is designed. It consists of two parts—a white-metal cap which covers the nipple of the nurse, and an India-rubber nipple which fits over the cap. At the top of the metallic portion is a small hole covered by a delicate rubber valve, which allows the egress of milk but prevents the ingress of air. After one or two pulls, therefore, from the child, the cap is filled with the nipple and milk, and clings fast to the breast by atmospheric pressure. The child draws the milk through the India rubber nipple, while the nurse is entirely protected from the painful tugging and compression which make the act of nursing to a woman with tender nipples little short of agony.

Boylston Prizes.—The Boylston Prizes for the current year have been awarded by the Boylston Medical Society—the first to Thomas Dwight, Jr., for an essay on Intercranial Circulation; the second to Frederic R. Sturgis, for an essay on Human Entozoa. The active members of this Society are undergraduates of Harvard Medical School, and it is a very useful organization. The officers for the current year are:—*President,* Samuel A. Green, M.D. *Vice President,* Frederic R. Sturgis. *Secretary and Treasurer*, William L. Richardson. *Trustees of Prize Fund*, Drs. Samuel Cabot, G. C. Shattuck, J. B. S. Jackson, H. W. Williams, George H. Gay, Charles E. Ware, O. W. Holmes. *Committee on Prize Dissertations*, Drs. Francis Minot, David W. Cheever, Calvin Ellis, W. W. Morland, J. Nelson Borland.

The Springfield Society for Medical Improvement. Messrs. Editors,—This is the name of a society which has recently been organized in the city of Springfield, in accordance with the General Statutes made and provided, and which, in the main, is planned after a similar society in Boston. Its organization and objects, &c., are in brief as follows:—*Secretary and Treasurer*, G. S. Stebbins, M.D. *Cabinet Keeper and Librarian*, W. W. Gardner, M.D. *Prudential Committee*, V. L. Owen, M.D., M. Calkins, M.D., S. F. Pomeroy, M.D., A. R. Rice, M.D. The objects of the Society are the cultivation of confidence and good will between the members of the medical profession, the eliciting and imparting of information upon the different branches of medical science, and the establishment of a library and museum of pathological anatomy. There will be written and oral communications, discussions upon the more important medical topics, and a mutual interchange of thoughts and ideas. The members of the Society intend to make it a *live organization*, and will labor for that advancement in medical science which comes only from patient investigation and scientific research. G. S. Stebbins, M.D., *Secretary.*

Springfield, Mass., March 4, 1867.

Ovariotomy; Use of the Actual Cautery for the Division of the Pedicle.—The remarkable success which has recently crowned this operation, where the pedicle and the adhesions have been divided by the actual cautery, seems to place the operation of ovariotomy beyond all cavil. The instrument employed by Mr. Baker Brown for this purpose is, as we understand, a wedge-shaped piece of iron, with which the division is accomplished by a sawing motion. In a recent discussion at a meeting of the Royal Medical and Chirurgical Society, as reported in the London *Medical Times and Gazette*—

> "Mr. Brown said that whilst giving every credit to Dr. Clay, of Manchester, who had been our pioneer in this operation in this country, credit was due to Professor Clay, of Birmingham, for the introduction of the actual cautery, and he (Mr. Brown) took credit to himself for adapting the actual cautery to the treatment of the pedicle; and by himself and others, as Mr. Samuel Hey, of Leeds, and Mr. Harper, it was found to be peculiarly successful. In his own hands, in less than two years, out of forty-one successive cases since he had used the actual cautery, he had had thirty-six recoveries and only five deaths, and in all those five he had been obliged to use ligatures.
>
> "Dr. H. G. Wright asked whether it had happened in Mr. Brown's experience that so soon as the clamp was loosened the vessels of the seared pedicle burst out bleeding.
>
> "Mr. Brown replied that this had occurred.
>
> "Dr Wright observed that it appeared that the employment of the actual cautery always implied the occurrence of subsequent hæmorrhage as a possible contingency—a point which Mr. Brown had neglected to mention when speaking of the use of the hot iron for burning through the pedicle.
>
> "Mr. Solly asked what statistics Mr. Brown had obtained, reckoning all cases.
>
> "Mr. Brown said that his results stood at present thus:—Completed cases, 107, with 72 recoveries and 35 deaths; whilst of incompleted cases and partial extirpation, 15 cases, only 3 recovered, and 12 died; and of 10 cases of exploratory incisions, where no further steps were taken, 6 recovered and 4 died; showing 132 cases in all, with 81 recoveries and 51 deaths. Mr. Brown said he

had seen several cases where the second ovary was diseased with cystic growths, and that he had in most of them cut or burnt through the cysts, so as to empty them of their contents, and those cases did well. Mr. Brown was surprised to hear that in cases where the actual cautery was used there had occurred, some weeks afterwards, peritonitis and death; in no one of his cases had there been any bad subsequent results; on the contrary, the patients were well in six or seven days, outside their beds, and made a rapid recovery—much quicker than by other modes of operation. Mr. Brown said he had now abandoned the clamp outside the wound, and either used the actual cautery or the long ligature of Dr. Clay.

"Mr. Philip Harper was very desirous to place upon record his own experience in the use of the actual cautery as a means of dividing the pedicle in ovariotomy. He had had many opportunities of observing its great value, for, in addition to the cases in which he had seen Mr. Baker Brown use it, he had resorted to it many times in his own practice, and the conclusion to which he had arrived was that in a large proportion of cases it was an unfailing means of preventing hæmorrhage, and conduced to the rapid recovery of the patient. He was surprised to hear that Mr. Wells had met with two cases in which, some time subsequently, peritonitis had come on and was imputed to the use of the cautery. It was the first time such effects had been brought to his notice, and he must conclude that they were dependent upon some constitutional peculiarity or accidental circumstance. There were certain points in the use of the cautery which must be prominently brought forward. The character of the pedicle was of great importance. In some cases it was large and thick, and its vessels, though numerous, were moderate in size. In these cases the cautery was *always* efficient. In other cases the pedicle was broad and thin, supplying a tumor of simple secondary multilocular character, and with vessels of medium size. Here the cautery was *generally* efficient. In other cases the tumor was extremely multilocular, colloid or adenoid in type, and the pedicle thin and small, with one or a couple of vessels the size of the femoral or larger, and here the cautery *would not be* efficient. However carefully used, upon the removal of the clamp sharp bleeding arose. In a lady upon whom Mr. Harper operated a year ago, the tumor was of this character, and the pedicle contained one large artery, which poured forth a large stream of blood upon the removal of the clamp. It was seized, a ligature passed around it, tied tightly, and the ends cut off closely. The pedicle was allowed to fall back into the pelvis. The lady made a rapid recovery, and was still in robust health. In another case there was a large artery at each side of the pedicle, which it was necessary to tie separately, and recovery was perfect. Another important point was, that in burning through the pedicle it must be done slowly, and without any sawing or half-cutting movements. The clamp must be removed very slowly, and the cauterized surface should not be touched even with the fingers, but allowed quietly and gently to drop into the pelvis. There were some other points which experience had taught were important, but not equally so with these. Mr. Harper must express his strong conviction that ovariotomists owed a debt of gratitude to Professor Clay for the application of the actual cautery to adhesions, and to Mr. Baker Brown for another advance and applying it to the pedicle. High as was the value to be attached to the simple clamp in certain cases, Mr. Harper believed that the cautery would entirely supersede it in the great majority of cases, and that the more its value was tested, the greater would be the reliance placed upon it, the more rapid and satisfactory the recovery of the patient, and, most important of all, the death ratio after the operation would be materially lessened.

"In reply to Mr. Spencer Wells, Mr. Harper said that he had twice tied vessels after the use of the cautery in eight cases.

"Dr. Routh would not have spoken on the subject but for Dr. Wright's remarks. He had been present now at over 200 cases of ovariotomy, complete or incomplete. He had seen very many operations of Mr. Brown, of Mr. Wells, and other London operators, as well as had operated himself. He must say, therefore, speaking from no small experience, he believed no system was so good and so safe as the actual cautery. An attempt was made to disparage the actual cautery because ligatures had to be used sometimes in addition. But ligatures were sometimes necessary even when the clamp was adopted. Moreover, what objection could be made to using a small silk or wire ligature where an artery in the pedicle was found very large? Where, however, the arteries were found of the size of the radial or ulnar, the actual cautery quite sufficed; if as large as the femoral, it was safer to apply also a small ligature. No one would think of trusting to actual cautery in an artery as large as the femoral elsewhere. Again, in some cases, as in very fat subjects, it was inadmissible, the fat taking fire on the application of the red-hot iron. Mr. Wells had done well if by the clamp he managed to get his patients convalescent and able to enjoy a chop by the thirteenth or fourteenth day; but if the same result could be obtained on the sixth and seventh when the actual cautery was used this was a better cure. He had never seen or heard of any of those unfortunate results mentioned by Mr. Wells where the actual cautery was used after apparent recovery, and all he could say was that, using the *argumentum ad hominem*, if he had a relative affected with ovarian disease he would insist on the operator using first the actual cautery. Besides, he could conceive that a woman on whom ovariotomy had been performed and the clamp used might suffer in her pregnancy by the impediment in the way of its development offered by a pedicle adherent to the abdominal walls, and in Mr. Wells's case the operation was rendered more difficult, he admitted, by this very adherent pedicle, which would not have been the case if in the first ovariotomy he had used the actual cautery."

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, March 9th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	41	44	85
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.1	39.4	81.5
Average corrected to increased population - - - -	00	00	89.79
Deaths of persons above 90 - - - - - - - -	0	0	0

Notice.—O'G.'s remittance (from abroad) received.

Communications Received.—Extract from the Records of the Providence Medical Association.—Review of the Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane, 1866.

Books Received.—Action of Medicines in the System. By Frederick William Headland, M.D., &c. Fifth American Edition. Philadelphia: Lindsay & Blakiston. 1867. Price $3.—Watson's Abridged Synopsis of the Lectures on the Principles and Practice of Physic. By Thomas Watson, M.D., F.R.C.P., &c. With a concise but complete account of the Properties, Uses, Preparations, Doses, &c. (taken from the U. S. Dispensatory) of all the Medicines mentioned in these Lectures, and with other valuable additions. By J. J. Meylor, A.M., M.D. Philadelphia: published by the Author.—The Indigestions or Diseases of the Digestive Organs functionally Treated. By Thomas King Chambers, M.D. Philadelphia: Henry C. Lea.—Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids. By J. M. DaCosta, M.D. Philadelphia: J. B. Lippincott & Co.—Science and Practice of Medicine. By William Aitken, M.D. Edin. Vol. II. Philadelphia: Lindsay & Blakiston. Price $12.—Report of the Surgeon-General of Massachusetts.

Deaths in Boston for the week ending Saturday noon, March 9th, 85. Males, 41—Females, 44. Abscess, 1—accident, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 7—cancer, 1—colitis, 1—consumption, 13—convulsions, 1—croup, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—eczema, 1—scarlet fever, 3—typhoid fever, 4—hæmorrhage, 1—disease of the heart, 4—infantile disease, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 5—marasmus, 2—old age, 2—paralysis, 1—peritonitis, 1—premature birth, 1—puerperal disease, 2—rheumatism, 1—scrofula, 1—smallpox, 1—unknown, 6—whooping cough, 3.

Under 5 years of age, 30—between 5 and 20 years, 9—between 20 and 40 years, 23—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 51—Ireland, 18—other places, 16.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxxvi. Thursday, March 21, 1867. No. 7.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. S. CABOT.—NO. II.

Reported by Mr. Thomas Dwight, Jr.

[Communicated for the Boston Medical and Surgical Journal.]

Injury of the Posterior Tibial Nerve.—Nov. 1st, 1866. P. M., æt. 34, born in Ireland, single, laborer, enters for severe neuralgic pains in the legs. Two weeks ago, he and several others were thrown out of a tip-car, which was overturned. The patient was the last to fall, and the edge of the car caught the back of his left leg, giving it a severe wrench. He worked on the two following days, but then desisted on the account of the pain, which still continues. This pain is in the course of the great sciatic nerve; it is intense at the point of the nerve's exit from the pelvis, and but little less severe at the seat of injury. There is also some pain in the upper part of the corresponding nerve of the right leg.

Nov. 2d.—A blister, four by two inches, was applied back of the great trochanter of the left leg. ℞. Potass. citrat., gr. x., ter die.

4th. The pain above the knee of the left leg has disappeared, but that below continues, and that of the other leg is more severe.

5th.—Blister, four by two inches, over the cauda equina.

6th.—Little pain, except over the seat of injury. Blister, three by two inches, over the painful point.

12th.—There has been a marked improvement. The only pain of importance is in the last-mentioned locality. ℞. Morph. sulph., gr. ¼; aquæ, f ʒ ⅛. M. Inject into the posterior tibial nerve.

15th.—The pain continues. Apply tincture of iodine.

18th.—The pain has increased, and occupies nearly the same positions that it did when the patient was admitted. Inject the same dose of morphia into the trunk of the great sciatic nerve near the pelvis.

19th.—Considerable relief is experienced.

22d.—Omit the citrate of potassium. ℞. Potass. iodid., gr. v., ter die. It is found that since the accident the power of motion has been lost in the four lesser toes of the left foot. The patient says the foot feels dead, but is unable to explain his meaning. No diminution of sensibility can be detected.

23d.—An apparatus is applied to keep the leg permanently flexed by bringing the heel near the upper part of the thigh.

26th.—Blister below the popliteal space.

Dec. 3d.—Apparatus removed.

8th.—There has been very little pain. The muscles of the left leg, above and below the knee, are much atrophied and very flaccid, while those of the right leg show little if any change. Apply the galvanic current to the affected muscles for five minutes daily. The muscles respond but feebly. The toes have nearly regained the power of motion.

12th.—Extend the administration of the galvanism to eight minutes.

22d.—The muscles are enlarging. The patient leaves his bed for the first time.

Jan. 5th.—There has been a slow but steady improvement. The pain has entirely ceased. The left foot is somewhat œdematous, and both legs are very weak. The patient can walk but little without crutches. Discharged.

Remarks.—It is evident from the symptoms that the diagnosis is, injury of the posterior tibial nerve. The reflection of the pain to the other limb is an interesting point. The atrophy of the muscles of the left leg indicates a great decrease of nervous force, for, excepting the thirteen days that the apparatus was kept on, the movements of this leg were as free as those of the right. As to treatment: The blisters gave speedy but transitory relief. The injection of morphia into the tibial nerve had so little effect that it may be doubted if the nerve was reached. That, however, into the broad trunk of the sciatic had decidedly good results. Flexing the leg on the thigh was perhaps most productive of benefit, but it must be remembered that when this was tried the symptoms were already improving.

Rupture of the Musculo-Spiral Nerve.—Nov. 5th. C. S., æt. 24, single, born in Ireland, shoemaker. The patient is a young man of a sallow, unhealthy complexion. He gives the following story. About seven weeks ago, he was holding a pig by the ear with his left hand, his arm resting across the edge of a low board fence. The pig was struggling violently, when suddenly the patient felt a shock, as if he had been struck by a stone, on the outer aspect of the arm, about the insertion of the deltoid. A spasmodic pain shot down the arm, and the hand dropped at the wrist. After a few moments the hand gave a sensation of extreme cold, which continued five or ten minutes. Two or three days later, a spot of ecchymosis appeared on the inner edge of the biceps, opposite the point where the first pain was experienced. The discoloration spread, extending half way down the ulnar side of the forearm. The limb was swollen for about a week and kept in a sling, any attempt to use it causing a twinge of acute pain along the anterior edge of the radius and on the posterior side of the arm near the ulna. Sensations of heat and numbness occasionally occur. Sensibility is nearly if not quite normal, except over the posterior aspect of the wrist, where it is somewhat diminished. No difference in temperature is observed between the two arms. When the arm is pronated the hand hangs from the wrist; it can be raised by a considerable effort, but not maintained in its normal position. The muscles of the arm are quite flaccid. The symptoms have improved considerably since the accident. The patient sleeps poorly, but says that his health is good.

The forearm is placed in a Bond's splint, so padded that the fingers are raised above the level of the arm. He is directed to keep in the open air as much as possible.

Nov. 15th.—There is some slight improvement, and as there is no reason that the patient should be kept longer in the Hospital he is discharged. The patient presented himself once or twice after his discharge, at intervals of one or two weeks, and the arm was found to be gaining slowly. Unfortunately, the case was ultimately lost sight of.

Remarks.—The diagnosis is, partial rupture of the musculo-spiral nerve. The hand, no doubt, at the time of the accident, was firmly flexed on the wrist, that being the position usually assumed when anything is grasped with great force. The position of the arm across the fence tended also to bring the tissues of the upper arm upon the stretch, and the nerve in question being subjected to more strain than it could endure, was lacerated, together with some areolar tissue and small vessels, as shown by the ecchymosis. That this nerve was the musculo-spiral is proved by the fact that the paralysis was confined to the parts supplied by its two chief divisions, the radial and the posterior interosseous. That there was only laceration, and not rupture, is evident from the slight loss of sensation and the persistence of the power of motion in some parts supplied by the nerve.

In this, as in the preceding case, the wasting of muscles from injury to nerves was well marked.

Fracture of the Base of the Skull. Recovery, with partial Paralysis and some curious mental phenomena.—Jan. 28th.—C. P., æt. 36, single, lately in the army. The patient, a tall, strong man, but given to drink, was found last night lying on the sidewalk at the foot of a high flight of steps. He bled freely from the nose, mouth and left ear. On admission in the morning there was found a swelling all along the upper part of the right side of the head, but no fracture. Later in the day, a small depression was discovered on the back of the skull, a little to the right of the median line. There is a slight bleeding from the left ear. Pupils much contracted. The patient is very restless, moving and talking continually. Cannot answer questions rationally. Pulse 60, full and compressible. Let the head be shaved. Apply five leeches over each mastoid process. ℞. Ol. ricini, ʒ ij.; ol. tig. ♏ i. M. The struggles of the patient were so violent that but few leeches could be applied, and those were soon thrown off. He complains of pain in the head.

29th.—No dejection. Another cathartic having had no effect, the following was given as an enema: ℞. Ol. ricini, ℥ i.; ol. terebinth., ℥ ij. M. The patient is quiet, but still delirious; rises to empty his bladder, and returns to bed. For diet, water-gruel.

30th.—Becoming quieter. Still bleeding from left ear. Ecchymosis appearing in left upper eyelid. When the right eyelid is raised, the eye is seen as in external strabismus, but it presently regains its normal position. No appetite whatever. Pulse 60. Ice to head.

Feb. 1st.—No strabismus. No bleeding from ear for two days; there has never been any escape of serous fluid. Pulse has slowly fallen to 50.

2d.—Complains of pain in head and throws off the ice. Substitute cloths wrung out in ice-water.

3d.—Pulse from 70 to 80. There is paralysis of lower eyelid, and of the face below it on the left side. The mouth is drawn to the right. Tongue protruded quite evenly.

8th.—There has been and still is considerable inflammation of the conjunctiva of the left eye, probably due to paralysis of lid. The bowels have been moved almost daily by enemata. Patient quiet, but far from rational. Appetite very small. Beef tea. Till now has taken almost no food.

14th.—Gradual improvement, but no marked change. Patient irritable and complaining, but never violent. He has no recollection of the evening of the accident, and his ideas of time are particularly confused. Bread and tea.

17th.—When sleeping both eyes are evenly closed, but when awake he is unable to raise the left lower lid sufficiently to cover the eye. Still dull pain in head. The patient is quite positive that his head is not "level" and that it is not his own; also that his left eye has been removed, and one which he had in his pocket substituted. He is very anxious to smoke, and is allowed to do so.

21st.—The power of hearing, as tested by a watch, is found much diminished in left ear. An attempt was made to test also the sensibility of the face, but as the patient, when touched by the two points of a pair of forceps, often declared that he felt three or four, no reliable results were obtained. His mind is improving steadily; he is quite aware of his own imbecility, but still talks much nonsense.

24th.—Steak and potatoes for dinner. The improvement in his mental condition is perceptible from day to day; there is, however, an "indescribable something" wanting to give him the appearance of sanity.

27th.—For many days the patient has been very importunate to go home to settle business, &c., evidently having something on his mind. There is still a dull pain in the head at times. The facial paralysis is about the same. He is gaining strength rapidly in body and mind. He believes that he has his own head and eye; remembers the night of the accident, and says that he had been drinking but was not intoxicated. His brother, who has seen him frequently, thinks that but for some loss of memory his mind is as good as ever. At his earnest and repeated request he is discharged.

Remarks.—The patient doubtless fell from the steps (he remembers being at the top of them), striking on the back and right side of his head, as shown by the depression found in the former and the swelling in the latter situation. The force was transmitted to the left base, which was probably fractured through the middle fossa. The bleeding from nose, ear, and mouth, and ecchymosis of upper lid, leave little doubt of the existence of a fracture of the base; and the nature of the paralysis shows that a part at least of it must have been in the left of the middle fossa. The nerves were doubtless lacerated or interfered with after leaving the brain, but before quitting the skull. The temporary strabismus of the right eye must have been owing to some irritation of the sixth nerve. The mental phenomena were very interesting; for even while complaining bitterly that neither his head nor his eye was his own, the patient was quite aware of the absurdity of most of his conversation, often saying that he felt childish.

The treatment consisted of quiet, cold applications to the head, low diet and the use of powerful purgatives and stimulating enemata.

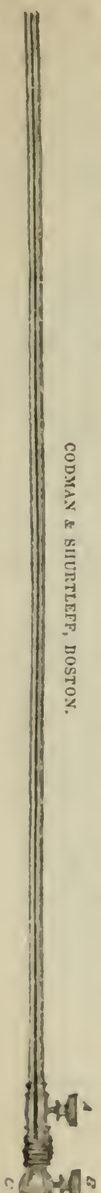
THE TREATMENT OF ENDO-METRITIS BY INTRA-UTERINE SCARIFICATION.

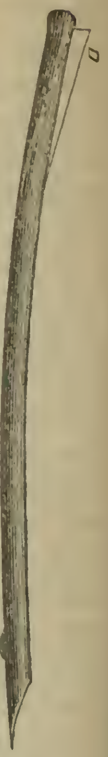
[Extracts from a Paper read before the Norfolk (Mass.) District Medical Society, Nov. 14th, 1866, and communicated for the Boston Medical and Surgical Journal.]

By Erasmus D. Miller, M.D., of Dorchester.

The object of the present essay is not to inquire into the pathology of endo-metritis, nor to discuss special affections resulting from chronic inflammation of the lining membrane of the uterus, to which intra-uterine scarification has proved serviceable, but to set forth concisely the means and method of its accomplishment, and the principles upon which it is based; that a more extended observation may establish, or otherwise, its claim to be regarded not merely as a *new*, but a recognized principle of treatment in uterine surgery.

The means by which it is accomplished is Lallemand's urethratome, modified by the addition of a probe-point, and an elevation (D) two and a half inches, from the point, about the average length of the cavity of the healthy womb. It consists of a steel tube (slightly curved between the point and the elevation), fenestrated on one of its sides, in the distal end of which is an inclined plane. A knife (D), half an inch long and one sixteenth wide, on the end of a staff, which, when pushed forward, rises on the inclined plane through the fenestra. A sliding knob (B), by which the staff is fixed and the depth of the incision regulated; and a set knob (A), which holds the knife concealed while the instrument is being introduced.





As the necessity of the case requires that the scarificator be passed to the fundus of the uterus, it is to be presumed that those who condemn the common use of the uterine sound, will, for *apparently* more cogent reasons, condemn the former. But, inasmuch as the scarificator and sound are nearly identical in form, and as the use of either requires the same delicacy of touch, and alike definite conception of the relative size and position of the uterus, and as the pain and danger of inflammation consequent upon the use of the one (the knife being always concealed), is no greater than that of the other, the testimony of Dr. West with regard to the sound will apply with equal force to the scarificator. "The introduction of the sound causes some pain, though this is generally by no means severe, and is almost always of short duration; and *in no instance* that has come under my observation have dangerous consequences resulted from its use, though awkwardness and foolhardiness have, I know, done mischief with this, as with almost every instrument that has been ever invented."—WEST *on the Diseases of Women*, p. 28.

As a general rule the passing of the scarificator, other things being equal, will be the most readily and safely effected, in proportion as the uterus retains its normal position, and vice versâ; consequently, if it be deviated or flexed, the first indication will be to reduce it by elevating the fundus, and there to retain it with the cervix resting against the left index finger, along which the instrument is to be guided through the os into the cervical canal. Should its point, as frequently happens, become arrested at the junction of the cervical and uterine canals, the obstruction is not to be overcome with force, but the fundus is to be again elevated, at the same time the scarificator is held gently but steadily between the thumb and finger, against the point of resistance; or the end may be obtained by pressing the *side* of the scarificator with the index finger firmly enough against the wall of the cervical canal to draw the cervix downwards, by which the longitudinal axes of the body and neck are made to correspond; in other words, the crooked canal becomes straight. * *

The point of the scarificator having reached the fundus, loosen the set knob, push forward the staff, and having secured it, incise the membrane, by drawing the knife, steadied by the finger, the whole length of the uterine cavity, repeating the operation as many times as the case in the opinion of the operator may require. Occasionally the operation is followed by a free flow of blood, but more commonly it is scanty, continuing for a couple of days and corresponding in quantity to the usual amount of healthy menstruation for a similar period. The pain is slight if the knife is *sharp;* but if dull, is proportionate to the degree of pressure requisite to make the incisions.

* * * *

Five years have now elapsed since the practice was first adopted, and in the very many instances in which the operation has been performed, I cannot call to mind a single case followed with inflammation to any extent, and in two only has hæmorrhage required interference. I therefore regard the mere incising of the lining membrane of the uterus a safe operation. * * * *

Scanzoni, West, Tilt, Hodge, and indeed most writers upon uterine therapeutics, speak of depletion by scarification, but limit it to the mouth and neck of the womb. Though the effects of inflammation of the uterine and cervical lining membranes are modified by the anatomical peculiarities of each, yet they are governed by the same laws, and to a great extent are amenable to the same principles of treatment. If depletion by scarification is productive of good in inflammatory affections of the cervical membrane, it is a legitimate inference that depletion by scarification of the lining membrane of the uterus will be followed by a corresponding amelioration of symptoms.

We are taught by writers to believe endo-metritis to be a rare form of disease. In the absence of positive evidence its frequency might by inferred, from the fact that a large proportion of patients refer their ill-health to pregnancy, labor, abortion, interrupted menstruation, &c.; changes affecting far more directly the body of the uterus and its lining membrane, than the cervix and lining membrane of its cavity, and giving rise to amenorrhœa, dysmenorrhœa, menorrhagia, hæmorrhage, &c. * * * *

An inflammatory condition of the lining membrane causes also an enlargement of the womb, either by deposition of fibrin (usually called hypertrophy), or by arresting involution of the organ after labor or abortion: the increased weight of which causes deviations of various kinds and degree. These, excepting in extreme cases, or sudden dislocation from falls, blows, &c., the pressure of tumors, or distended adjacent organs, are to be regarded as *symptoms* no less than lumbar and hypogastric pains, leucorrhœa, &c., and are to be treated as such. That the severity of symptoms generally depends upon the amount of inflammation, rather than the displacement, is evident from the fact, that if the former is removed, the latter will cause little or no inconvenience; whereas merely retaining the uterus in its normal position by artificial supports, is at best only a temporary alleviation and in the end a positive injury. In virgins especially should they, as well as the speculum, be ignored, for those cases are rare indeed in which an ordinary degree of tact cannot diagnose by the touch the nature of the disease, and guide the application of remedial means.

Depletion, though the most important, is by no means the sole object to be attained by the treatment now proposed, neither is it intended to exclude other remedies either general or local, but to act in concert with them. * * * * * *

At a future time I purpose to consider the subject more fully in connection with dysmenorrhœa and sterility.

Bibliographical Notices.

Revue des Cours Scientifiques de la France et de l'Etranger, 29 *Septembre*, 1866. *Art. I.—Société Médicale de Massachusetts (Etats Unis de l'Amérique du Nord).* Discours par le Docteur B. E. Cotting. *La Maladie considérée comme faisant partie du plan de la Création.* Traduit de l'Anglais par Gaston Garnier.

Not many years ago, perhaps a dozen, one of the learned Board of Examiners of the College of Surgeons in London, saw fit to question a candidate from Massachusetts concerning tomahawk wounds, beginning thus:—"If, Mr. ——, a man were travelling from Boston to some town in the interior of the State, and an Indian, crouching in the jungle, should throw his tomahawk," &c. The story is told that, some thirty years since, in a certain learned society in the city of Paris, a Report of the Massachusetts General Hospital, having been cited, was pronounced fictitious, the savans present declaring that there was no such place in existence as Massachusetts. We have heard much (at least in our own Legislature and pulpits[*]) of the wide-spread fame and commanding influence of Massachusetts. We are proud of our State Medical Society. But in view of facts like those just cited, if we are lions, let us roar gently.

We have rarely met with the name of the Massachusetts Medical Society in any British or foreign medical literature. Much more seldom have we remarked any reference to its transactions in any French journal; and we do not remember, up to the present time, to have heard that one of its annual discourses had been honored with translation and re-publication in Europe. We therefore congratulate the members of the Society, and Dr. Cotting in particular, upon producing something which has awakened attention, and which has appeared sufficiently interesting and important to deserve the honor of unsolicited translation and publication in one of the foremost scientific, as well as the most enlightened and progressive journals of France, and perhaps of Europe.

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[*] "I verily believe that Massachusetts has put more ideas, and more vital ones, into the civil polity, and daily life, and the general mind of this country, than any other State. * * * * * * It is the force of her ideas, which may be hated, laughed at, out-voted, but yet are invincible and triumphant over all odds."—Rev. Dr. Putnam's *Thanksgiving Sermon for* 1866.

To what shall we attribute this honor? To the novelty or originality of Dr. Cotting's paper? It may lay claim to both these, but we think these alone are insufficient to account for the distinction which has been paid it. May it not be that it declares for the first time *a great truth*, which has been near to many minds upon the ocean of thought, hailed perhaps, like a ship at sea, and passed without any record in the log-book? We believe that it strikes the key-note of what many a Christian thinks or feels to be true, when he strives to reconcile with his conception of a just and merciful God, the terrible doctrine that disease is a cruel punishment for a sin that was never committed. A similar train of thought must have sometimes passed through the brain of the philosophic physician, when, at the bedside, he has been forced to acknowledge that disease was running its allotted course unchecked by the most scientific and approved treatment.

Like all new truth, attacking preconceived notions and established prejudices, it will meet with opposition, it will be discussed. Silence, that privilege of trivialities, will not be accorded to it. Doubtless the translator was sagacious enough to perceive that such would be its effect in France. In the last number of the *Gazeta Medica da Bahia* is a six-columned article upon it in Portuguese; while at home it has lately furnished the topic for an inaugural address of an editor to his readers.

Like all new truth, it will be misinterpreted. It has already been so. The old routinist, the apostle of heroic medicine, and the sanguine believer in new or far-fetched remedies, all exclaim that such views will surely bring the profession into discredit. This is assuredly a mistake, and, if rightly understood, the address certainly dispels any such fears.

Again, if it be truth, we believe it will be found to gain ground by discussion, or even by opposition, as it seems to have done already.

It is our design simply to direct attention to the fact that this Address has been translated, and in no way to discuss the questions involved in it. But perceiving that the Address of Dr. Ellis to the Medical Class of Harvard University has been brought in opposition to it, we are constrained to say that we believe both addresses have been misunderstood. And in proof of this we may be allowed to relate the anecdote, that Dr. Ellis, on descending from the delivery of his address, was congratulated by one of his auditors for having demolished, and by another for having ably sustained, our author's views. The reply was that each had spoken independently, but they were not antagonistic. Still, to those who may be troubled by the passage quoted from Dr. Ellis, "that morbid phenomena are simply perversions of healthy action, and that the two merge into each other by imperceptible gradations," as our Brazilian critic says, "assim como o calor e frio," we will propound a question for their benefit—By what process of "imperceptible gradations" does health merge into a smallpox?*

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* If we understand Dr. Cotting aright, he does not speak of "Disorders," but of "Diseases," properly so called. In a foot-note he says:—"For the same reason [the limits of the discourse] idiopathic diseases only (those 'realities' manifested in 'a series of consecutive changes') have been considered. Disorders (irregular or disturbed performance of function) afford equally good illustrations of plan, in the laws which govern them, and in the subsequent restoration from their effects."

The translation is exceedingly well done. We think we perceive in it the work of a philosophic scientist, rather than that of a practising physician. Once or twice it says what Dr. Cotting does *not* say, and occasionally gives undue emphasis to one side, or one phase of an idea. But it must have been a work of no common difficulty for one not thoroughly acquainted with medicine to correctly render this address into a foreign tongue without doing injustice to the author. This, however, has not been the case. And again we would congratulate Dr. Cotting upon finding so able an exponent of his peculiar views, and upon having his name placed upon the roll of the most prominent writers of France and of the world in the pages of the *Revue des Cours Scientifiques.*

The translation has just been re-issued in a pamphlet form by Germer Baillière, of Paris. X.

The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations. By William Acton, M.R.C.S., late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospital of Paris, Fellow of the Royal Medical and Chirurgical Society, &c. &c. Second American from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867.

There is hardly any man, doctor or layman, who has not seen and lamented the harm done by the small books sent "post paid and hermetically sealed on receipt of price" to young men who notice that their "vision is becoming dim and their fondness for society less." Ricord, when asked how he would classify syphilis, said he should place it among the mental diseases—a classification which would be still more appropriate to spermatorrhœa and its kindred evils, which have remained, to an enormous extent, in the hands of quacks of the worst sort, whose stock in trade is the fright of their patients, simply because medical men of character have abandoned the field to them. At last, however, Mr. Acton has taken hold of the delicate subject, and has succeeded in treating it in a scientific and thoroughly Christian manner. The chapter upon the "Disorders in Childhood" is particularly good, and that it is well worthy the attention of parents as well as of physicians a few extracts may show:—"In a state of health, no sexual impression should ever affect a child's mind or body." "At a very early age the pastimes of the boy and girl diverge; the girls' quieter games are despised, and their society to a considerable extent deserted. This apparent rudeness, often lamented over by anxious parents, may almost be regarded as a provision of nature against possible danger." "Slight signs are sufficient to indicate when a boy has this unfortunate tendency (to sexual precocity). . . . . . . You will see him single out one girl, and evidently derive unusual pleasure, for a boy, in her society; his kindness to her is a little too ardent, and painfully suggestive of a dawning passion. No one can find fault with him. He does nothing wrong. Parents and friends are delighted at his early gentleness and politeness; but if they were wise, they would rather feel profound anxiety, and the boy would be carefully watched and removed from every influence that could possibly excite his slumbering tendencies." Among the exciting causes of this sexual disposition given by Mr. Acton are, the irritation of the glans penis arising from the collection of smegma under the prepuce; an irritated condition of the bladder, as indicated by incontinence of urine, and the stimulant, often resorted to by the worn-out debauché, of flogging on the nates. As to the chapter on Masturbation in Schools, that can hardly apply to this country, for although the habit does exist to a certain extent, any one who has been a school-boy knows that public sentiment would never tolerate its open indulgence as it does in some of the English and Continental schools. Mr. Acton dwells upon the fact that occasional nocturnal emissions are nothing more than the natural means of relief to the over-crowded seminal vesicules. The relation of what is called clergyman's sore throat to disorders or disturbances of the sexual system, is referred to on page 234.

That the book, as a whole, has met a great want can be seen from the number of editions it has gone through. This want, too, is one felt by all classes, as the subject is really treated in its "physiological, social and moral relations." Clergymen, especially, would be interested in the theological bibliography of continence, on page 56. Would that all our medical books were so well got up with regard to paper and type. M.

Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane. August, 1866.

This is one of the oldest institutions for the treatment of the insane in New England, and according to the report of the Trustees, the whole number admitted is 3985, and 3492 have been discharged. Of these, 1790 were recovered. They do not, however, measure all the benefits of the asylum by the number *recovered*, but consider the large class that has been made comfortable, relieving friends and communities from anxiety on their account, perhaps preventing "deeds at which humanity shudders," as among the chief advantages it has bestowed on the public.

The hospital buildings receive their supply of water from a source so high as to allow it to flow into the highest rooms. An accident to the main pipe during the coldest winter weather deprived them of water for several days. To guard against a similar inconvenience, an additional pipe from another source has been laid.

From the report of Dr. Wm. H. Rockwell, who has been Superintendent of the Asylum from the beginning, we learn that during the past year there were admitted 161—77 males and 84 females; 148 were discharged—77 males and 71 females: leaving at the end of the year 493 in the asylum. Of those discharged, 58 were recovered; 27 improved; 20 not improved; and 43 died.

This asylum has always received private boarders from other States, and has sustained such a character for honest management and practical success as to keep it well filled with patients. The Doctor says: "It has received many wretched maniacs, whose presence seemed to blight every prospect of happiness while they remained with their families; it has furnished for them a pleasant retreat, where they have enjoyed all the liberty and comforts of which their condition would admit; and last, but not least, it has restored to reason, to their friends, and usefulness, many who would otherwise have dragged out a miserable existence in a life of incurable insanity."

The Doctor believes insanity increases with civilization and refinement. This may be true. But *real* civilization ought to lead to a well proportioned cultivation of mental and physical powers, to proper restraint in the use of all things, and to the elevation of the whole man in such a manner as to increase his resistance to the influence of disease. Surely an intelligent understanding of physiology, the laws of health, and mental hygiene, to those disposed to follow prudent teachings, should tend to fortify, rather than weaken the brain against attacks of insanity. But in the many temptations to embark in hazardous enterprises ; the sudden accumulation and loss of wealth ; the strife for office, and in the many trials of disappointment and mortification to which many are subject ; in all *these*, he sees sufficient cause for the increase of mental unsoundness in this country.

In regard to the treatment of patients, the Superintendent remarks that physical disease is removed, if possible, by the usual means, and the general health restored ; while the great principles of moral treatment are kindness and employment.

Reports of the Medical Superintendent of the Provincial Lunatic Asylum, for the years 1863–4–5.

Although reports of this Institution are written every year, they are published only triennially. Dr. John Waddell, the Superintendent, reports for 1863, that at the beginning of the year the number of patients was 178—97 males and 81 females. During the year there were admitted, 103—57 males and 46 females.

The result of the treatment was, 57 discharged recovered ; 8 much improved ; 9 improved ; 5 unimproved ; and 16 died : leaving in the Institution 186—100 males and 86 females.

During the year there was bequeathed to the Asylum the sum of eight thousand and eight hundred dollars by the will of the late Stephen Wiggins, Esq., " for the purpose of adding to the comfort of the inmates." This generous donation, with some others of less amount, was gratefully acknowledged.

Additional accommodations had just been completed and occupied, and considerable repairs were still needed, such as arrangements for heating by steam, to supersede the old, inefficient, and dangerous method ; new furniture and additional means for the proper moral treatment by amusements, &c.

By the report of the following year, 1864, we learn that the arrangements for heating by steam were in process of introduction, and that other repairs and improvements of the buildings and farm were advanced, making the Asylum more comfortable and more efficient than ever before.

There were admitted during the year 1864, 102—64 males and 38 females.

The result of treatment was, 36 were discharged, recovered ; 4 much improved ; 17 improved ; 2 unimproved ; and 29 died : leaving in the Asylum, at the end of the year, 200—110 males and 90 females.

The report for 1865 is mostly devoted to remarks and suggestions concerning the laws of admission of patients and their support. One section of the Act providing for the support of lunatics in the Province of New Brunswick reads, "when the real or personal estate of any lunatic or insane person is not more than sufficient to maintain the family of the lunatic, the expenses of the lunatic may be defrayed from the funds of the Asylum." Under this law, which is apt to be pretty liberally construed, the Asylum is crowded with inmates, as it is obliged to receive "subjects of all forms of unsoundness of mind, including idiocy, imbecility, or that caused by epilepsy, general paralysis, delirium tremens, and old age."

The Superintendent remarks that, "one of two things will require to be done; either enlarge the Institution and increase the annual grant for maintenance, or make the law more stringent, that it may exclude some who apply for admission, and compel others, who are now admitted free, to pay a part of the expense of their care."

There were admitted during the year 1865, 96—52 males and 44 females. The result of treatment was, 51 discharged, recovered; 6 much improved; 16 improved; 2 unimproved; and 27 died: leaving 194—103 males and 91 females in the Asylum at the end of the year.

Extensive repairs were in progress to secure the building from decay and to improve its external appearance, and inside make apartments useful which were before unfit to be occupied.

Northampton, March, 1867. C. K. B.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

Dec. 10th.—*Large ulcerated Tumor in the Stomach; Hæmorrhage from the Bowels; no Symptoms till a few Weeks before Death.* The case was reported by Dr. Read, in whose practice it occurred.

Mrs. ——, æt. 42, was 5 feet in height, and weighed 196 pounds two months before her death; her family were noted for their good health and longevity. In one of her confinements she had a very tedious labor with a stillborn child, and flowed nearly to death, but from this condition her convalescence was rapid and entire. She had always enjoyed perfect health, and had never suffered in the slightest degree from nausea, dyspepsia, indigestion, or any affection of the stomach, and always had a good appetite, never having had a day's illness, save at her confinements, previous to the middle of September last, when she returned to the city from the country.

About the time of her return, she began to feel a little discomfort in breathing whenever she quickened her pace or ascended stairs; this gradually increased, but was attributed to her weight, which was some fifteen or twenty pounds greater than the year before. After her decease, it was remembered that she had for some time felt a certain degree of weight and discomfort on first retiring to bed, which soon, however, passed off.

I was called to see her on the 5th of November. She had been wakened in the previous night by pain in the abdomen, followed by a diarrhœa, for which, on the supposition that it was a "bilious attack," she had taken a full cathartic dose of sweet tincture of rhubarb, with the result of producing very profuse evacuations. Her respiration was labored and thick. She was ordered a mixture to take, as occasion required, till the diarrhœa was checked, and then to commence a regimen for unfattening.

Nov. 8th.—Under the medicine advised, the diarrhœa abated for about twenty-four hours, when it began again, with great pain and a feeling of great discomfort in the bowels. The evacuations were described as tarry, black, offensive and scybalous. Pulse 80. Coincident with the diarrhœa, pulsation in the carotids was noticed, and her complexion was waxy, and there was a slight œdema of the face, but none of the extremities. For the pain, one fourth of a grain of sulphate of morphia was injected into the left arm, and the following ordered :—Podophyllin, gr. iv. ; leptandrin, gr. xvi. ; iridin, gr. viij. ; pulv. capsic., gr. iv. ; ext. cannab. Ind., gr. viij. M. Ft. pil. viij. One to be taken night and morning till free bilious evacuations should be produced.

9th.—On the next day there had been no evacuation from the bowels, but a great deal of pain, with soreness of the abdomen to the touch. Another injection of morphia, in the same quantity as on the 8th, was made, and an application of warm spirits of turpentine over the bowels.

9, P.M.—No evacuation from the bowels. Pain relieved by turpentine application. Complains very much of noise in her left ear, which is audible two feet from the head. It sounds like the chirping of a bird, or like the sound of the hair-spring of a watch. Urine normal in quantity and color, and gives no trace of albumen. General condition unchanged.

In the course of the night she began to have evacuations, and by the time of the visit on the 10th she had had five or six. In the course of the day began to experience trouble with her vision, and by 9, P.M., when I was again summoned, she had almost complete amaurosis. Dr. Buckingham saw her with me at this visit. She was ordered fifteen drops of the aromatic sulphuric acid once in three hours, with as much concentrated nourishment as she could take, and claret wine and water p. r. n. Before this, no inspection of the evacuations was had, but it was evident that the effect was that of hæmorrhage.

11th.—Refused to take the medicine through the night, and had two evacuations, one of which was almost entirely of blood. She was persuaded to commence the remedy, and after this had but two dejections. Pain in the abdomen continued. No return of her eyesight.

From this time till her death, on the 16th, there was no material change in her condition. She slept but very little, except by means of tincture of opium, of which she took 160 drops before she got under its influence, and then slept seven hours. During this time the pupils, which were completely dilated before, became strongly contracted ; the pulse remained at 96, which was about the average. Her urine, which had been scanty for about forty-eight hours, became very profuse, slightly opalescent in appearance, and 1010 in specific gravity. Under the microscope, it showed crystals of oxalate of lime and lithate of ammonia, with a few epithelial scales. The aromatic sulphuric acid was changed for the following:—℞. Quiniæ sulph., ferri sulph., āā ʒss.; acid. sulph. aromat., ʒij.; syr. aurantii, ℥iv. M. Dose, half a teaspoonful once in four hours. Dr. D. H. Storer and Dr. Lewis saw her in consultation, but advised no change in the treatment. Up to the last no œdema of the extremities was noticed, nor did her eyesight return. Her mind remained clear, and she answered questions with perfect intelligence until her death.

The autopsy, conducted by Dr. C. W. Swan, revealed the following:—Adipose tissue over trunk and abdomen more than twice the usual thickness. Omentum a mass of fat. Cavity of pelvis, and in fact the whole abdominal cavity, full of bright golden yellow fat. Heart pale, small, not remarkably soft; valves normal. Liver, kidneys, and muscle, what was left, all pale. The tumor in the stomach was confined to the anterior parietes, of a regular and flattened oval form, and was sufficiently well defined. It measured six and a half inches in length, four and a half inches in width, and one and a half inches in thickness, and did not approach within three inches of either orifice. The mucous surface over it was the seat of extensive ulcerations; one of these measured about four by three inches, two others from three fourths to one inch in diameter, and there were others that were quite small. The edges of these ulcers were neither thickened, indurated, nor at all reddened, though the mucous membrane in the neighborhood of some of them was, in the recent state, ecchymosed. The substance of the tumor was fully exposed, so as to form the base of the three largest ulcers; and the appearance was that of a white, flaccid, tough structure, neither fibrous nor fatty, though, on incision, it seemed to be composed of these two last elements. An incision having been made into it through the serous surface, it seemed to consist of a fatty mass, with no more than the usual amount of fibrous tissue. With regard to position, it was shown to be between the mucous and the muscular coats. The stomach, which was otherwise quite healthy, weighed, since the examination, two pounds two and a half ounces, and a healthy one six and a half ounces. Intestines full of a black tarry substance, without much smell, and resembling disorganized blood. On the left ovary, a cyst about as large as an olive, perfectly transparent and filled with fluid. There was nothing peculiar about the lungs. Under the microscope, fatty degeneration was shown to have taken place to a great extent in all the tissues. No appearance of a malignant character in the tumor.

The ulcerations on the surface of the tumor suggest the query, whether a process similar in kind to that which takes place in the enucleation of uterine tumors, had not begun here? Whether, if the hæmorrhage had not proved fatal, the whole tumor might not have been turned out of its investing walls, and passed away by digestion in the stomach? There is, to a certain extent, an analogy between the two kinds of cases, and as we know from observation that in the case of uterine tumors this has taken place, there seems to be nothing in the condition of the case under consideration which would forbid such a result.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 21, 1867.

THE RELATIONS WHICH ELECTRICITY SUSTAINS TO THE CAUSES OF DISEASE.

Without inquiring to what extent electricity enters into the functions of our organization, it is sufficient, we presume, to know that our bodies are conductors of that force, and are susceptible of electrical impressions, to open the question as to the part it may play in pathology.

We have lately received the paper of Dr. Littell, with the caption we have adopted above, read before the American Medical Association, June, 1865. Dr. Littell seems to find in the influence of electrical states and changes about us the key to the greater part of the causation of disease. He says:—"Indeed all the circumstances of structure, arrangement, and action, would naturally lead us to regard the brain and the whole nervous system as an organized apparatus, through the medium of which electricity, modified and restrained by certain laws, is made subservient to the purposes of existence; in other words, as a vital electrical or galvanic machine, by means of which that element, developed in the processes of respiration, digestion and assimilation, is appropriated and distributed in accordance with the wants of animal life." He presently proceeds to cite examples of the influence produced by electric action on the "vital electric or galvanic machine." "The nervous system," he says, "of some susceptible individuals is readily thrown into commotion by an approaching thunder-storm. I have one patient, for many years the victim of an annual catarrh, whose sufferings are always greatly aggravated by the occurrence of thunder and lightning at any time during the paroxysm; and have recently attended another—a singularly intractable case of retinitis occurring in a strumous constitution—in which relapse was almost sure to follow under such circumstances."

In these citations we experience no strain on our credulity. But further on h gives a long list of alleged pernicious effects of electrical disturbances, from th paroxysms of epilepsy to disorders of pregnancy and the induction of abortion He thinks there is nothing improbable in the hypothesis that changes in the ex ternal distribution of electricity, especially when of greater magnitude and longe continuance than usual, may bring about an exhaustion of the nervous energy, an that that impairment of innervation "may be the proximate cause, not only o the exanthemata and most other forms of fever, congestive and otherwise, bu also of cholera, diphtheria, influenza, whooping cough, erysipelas, dysentery, th idiopathic phlegmasiæ, &c." In favor of this theory he sets aside the miasmati hypothesis of the origin of certain diseases. "Not only marsh miasmata an malaria, but the whole tribe of atmospherical miasms, with the protective powe of vaccination, and several other long-cherished and widely-adopted opinion are destined to fall before the more rational theory" which Dr. Littell claims t inculcate. He, however, declares himself "far from supposing that disturban of the electrical equilibrium is the sole cause of morbid action. Disease, on induced, has, in some instances, the power of self-propagation; and often originates, moreover, from other causes, operating as well within as without the individual."

Now, we feel obliged to reject much of what we have quoted above as hypothetical and extravagant. And we regret that Dr. Littell has, as we think, so far overshot the mark, because the tendency of so doing must be to lead the reader to turn aside from the consideration really due to the subject.

For, we hold that there are certain morbid phenomena which can be better explained, probably, as the effect of electrical disturbance than in any other way. And it seems to us that there is really a field open for investigation in this direction. For instance, rheumatic people are often made aware of the approach of an east wind by their painful sensations. Other victims of the same affliction suffer during the dry and stimulating northwester; the one class, we may surmise, being injuriously affected by one kind of electricity, others by its opposite. Sir Henry Holland expresses the opinion that the Sirocco is a current of negative electricity.—(Dr. Littell's paper.) And the southerly wind of this climate, which seems at times to be much like a Sirocco, produces results upon some idiosyncrasies which competent authorities have ascribed to its electrical properties. The chief symptoms are, lassitude; torpor, mental and bodily; vertigo; headache. These often give warning of the coming of the hostile breeze some hours before the weathercock points to the south.

From *à priori* reasoning we should look to certain nervous affections (particularly their exacerbations) as likely to show the influence of the agent in question. But we should hope to see, in investigations of the subject, wide observation, and no hasty generalization.

We have received a copy of the *Northwestern Christian Advocate*, a large portion of which is occupied by a most timely, able, and judicious article on the alarmingly prevalent practice of criminal abortion. We welcome this effort as one in the right direction, from the right source—a religious journal; for the newspaper obviously reaches the very readers who now need to be influenced in this matter—the non-professional public; and we are sure that to put a stop to the wholesale "massacre of the innocents," which is bringing to shame American civilization and *Protestantism* (for the Romanists are not guilty of it), it is only needed that the religious conscience of American women should be enlightened and aroused. From a late number of a Western medical journal the cry of "murder" has been sounded, and an almost heart-rending appeal gone forth to all Christian mothers in the land to stay the hand of assassination of their unborn offspring.

In the newspaper above mentioned, "the expressed wishes of eminent physicians of Chicago and elsewhere" are quoted, as if they had given the impulse to the present movement. Quotations are also freely made from the writings of Drs. Hodge, Taylor, Stewart, H. R. Storer, and others. The medical press, generally, has for several years faithfully done its work in exposing the prevalence, the criminality, and the pernicious effects of this sad business; and in its pages may be found all the data our theological journalists and teachers may require in filing their bills of indictment, and addressing their instructions to their readers. Would that we might soon see the batteries of invective opened from the religious press throughout the country; at the same time that they should banish the scarcely covert advertisements of abortionists from their pages.

Tribute to the Janitor of the Massachusetts Medical College.—At the close of the commencement exercises on Wednesday, the graduating class assembled in the Library, and sent for Mr. Andrews. Mr. Blaisdell, speaking in their behalf, made some appropriate and complimentary remarks, and then handed Mr. Andrews fifty dollars, a present from the class. It is pleasant to record this new evidence of the esteem in which the janitor is held by those to whom his obliging disposition and courteous manners have made him as acceptable as to their predecessors.

FROM the Third Annual Report of the Trustees of the City Hospital in Boston, we glean the following statements:—

"The erection of a pavilion for the treatment of *contagious and infectious diseases*, a stable, and autopsy room, coal-shed and fence, and improvement of the grounds as authorized by an order of the City Council dated June 7, 1865, have been completed at an expense within the amount originally appropriated, leaving an unexpended balance in the Treasury of $1,932.61.

"As the cholera hospital was to be a structure of a cheap and temporary character, it was decided, after consultation, that a wiser policy would be to use the old smallpox hospital for cholera, and erect a more permanent building for cases of smallpox. This has been done, and results in a decided addition to the convenience of the institution; while the expense of altering the old, and the erection of the new building, will be within the appropriation made by the City Council.

"The ophthalmic department, under the charge of Dr. H. W. Williams, has been administered with great success, and has increased much beyond the capacity of our accommodations.

"*Statistical Statement.*—Applications for admittance visited by the Admitting Physician, 1,278; admitted of the above, 961; patients in hospital, Jan. 1, 1866, 117; admitted during the year, 1,432; total number treated during the year, 1,549; discharged, including deaths, 1,386; remaining in Hospital, Dec. 31, 1866, 163. Total number of patients, including out-patients, treated during the year, 4,873. There have been brought to the hospital, accidentally injured, 345. Daily average number of patients in hospital, 128; largest number of patients in hospital at any one time, 166; smallest number of patients in hospital at any one time, 105. The average number of calls from patients in the ophthalmic department is 263 per week, 13,676; the average number of calls from patients in the surgical department is 77 per week, 4,004; the average number of calls from patients in the medical department is 73 per week, 2,868; total number of calls of out-patients, 20,548. Condition of patients discharged.—Recovered, 881; relieved, 288; not relieved, 94; died, 123; total, 1,386."

The operations for the extraction of cataract have been remarkably successful. For whereas elsewhere to have one failure only in 8 operations has been considered a good result, Dr. Williams had only one in 21.

Massachusetts General Hospital.—From the report of Dr. B. S. Shaw, the Resident Physician, to the Board of Trustees of this Institution, we extract the following:—

"Admitted to the hospital from Jan. 1, 1866, to Jan. 1, 1867: patients paying board, 578; paying board part of the time, 45; entirely free, 497. Total, 1120. Discharged during the year—well, 677; much relieved, 82; relieved, 150; not relieved, 59; not treated, 56; dead, 96; insane and eloped, 18. Total,

129. Number of patients remaining Dec. 31st, 1866, 95. The proportion of leaths to the whole number of results, 8·50 per cent. Number of patients received on account of accidents, 132. Out-patients.—Five thousand six hundred nd eight persons have been treated as out-patients, coming to the hospital daily, r as often as was necessary, and receiving advice, surgical attendance, and nedicine. Of these, 2996 were medical cases; 2612 were surgical cases. 2623 vere males; 2985 were females. 2341 were American; 3267 were foreigners."

Foolish people have scarcely a chance of recovery—they must perish. They enerally do everything that is wrong and pernicious to please their own passing vhims and fancies, and often look upon the friendly physician, who tries to resue them from death, as one to be deceived and deluded. I repeat it, such unortunate people have scarcely a chance of recovery. They have neither the sense to follow the right course when it is pointed out to them, or to grasp the and of fellowship and sympathy when it is held out; nor will they sacrifice leasure, money, or ambition to the pursuit of life. Indeed, I consider a weak, acillating, peevish tone of mind, or an inordinate appreciation of, and clinging o, the enjoyments and possessions of life, to be as unfavorable an element of prognosis as any of those already discussed. Such mental conditions all but certainly preclude recovery, however favorable the case may otherwise be.—Dr. H. Bennet *on the Treatment of Pulmonary Consumption*, in *London Lancet*.

Instrument for the removal of Foreign Bodies from the Nasal Passages.—The instrument consists of six or eight inches of fine wire, bent in the form of a hair-pin; indeed, I have several times used a common hair-pin with very good results, yet a finer unannealed wire is better. The doubled end of the wire should be larger or smaller, to correspond to the size of the nostril of the patient. The patient (usually a small child), seated in a male assistant's lap, with his extremities secured, the surgeon can with a good degree of confidence thrust the bent end of the wire into the nostril above the obstruction, and withdraw it, or partially withdraw it, and in most instances the patient is immediately relieved. If not by the first effort, try again, as the plan is sure to succeed; at least it has always in my hands. * * * * * * *

I am of the opinion, the same principle applied to obstructions of the œsophagus might give satisfactory results. The wire should be larger and longer, and the double end should be made to correspond to the size of the orifice. I can see no good reason why this plan might not be resorted to in the absence of other instruments, with a reasonable prospect of success.—Dr. M. H. Shaw, *Buffalo Medical and Surgical Journal*, February, 1867.

On "Glyconine"—a new Glycerole.—To obtain this compound, M. Edmond Sichel employs 4 parts (by weight) of yolk of egg, and 5 parts of glycerin, which he mixes simply in a mortar. It has the consistence of liquid honey, and is unctuous like the fatty substances, over which it has the advantage of being easily removed by water. It is unalterable, a specimen having been left exposed to the air for three years with impunity. Applied to the skin, it forms on the surface a varnish, which protects it from the contact of the air. These properties render it serviceable for broken surfaces of all kinds, particularly for burns, erysipelas, and cutaneous affections, in which it soothes the itching, and also for sore nipples; its harmlessness prevents, in the latter case, any interruption of suckling.—*Journal de Pharmacie*, from the *Bulletin de Thérapeutique*.

Density of Population in New York.—According to recent calculations, as given by the *Tribune*, the average density of population in New York city is equal to 32,000 per square mile; its 1100 acres of parks, and other open spaces, being included in the estimate. This gives to each person a space twelve yards long by eight wide, in which to live, move and have his being. In the 11th Ward the density is so great that but sixteen square yards are allowed to each person. The curious in such matters may judge of the close companionship which is enforced in localities where men, women and children are packed at the rate of one hundred and ninety-six thousand to the square mile.

New York Academy of Medicine.—At the last meeting of this Society, Dr. W. C. Roberts delivered an eulogium on the life, character and medical attainments of that distinguished physician, the late Dr. Joseph Mather Smith, who, for a long time, was one of the professors of the College of Physicians and Surgeons.

In the Medical Department of the University of Pennsylvania, the class numbered, during the last winter session, 464.

At the Missouri Medical College the degree of M.D. was lately conferred on 21 graduates; the ad-eundem degree on 12 gentlemen, and the honorary degree on Prof. G. C. Swallow.

The Missouri Dental College, at its first annual commencement, conferred the degree of D.D.S. on 10 graduates.

At the St. Louis Medical College, the graduating class, at the twenty-fifth annual commencement on the 1st inst., numbered 53; and ad-eundem degrees were conferred on 4 medical gentlemen.

Nine ladies graduated at the fourth annual commencement of the New York Medical College for Women, on the first inst. Mrs. Lozier, dean of the faculty, gave $10,000 towards the endowment.

The annual commencement of the Medical Department of the New York University also took place on Friday evening. Seventy-five diplomas were awarded, and eight prizes. The valedictory address was delivered by Professor Draper.

At the late commencement of the Bellevue Hospital Medical College, New York, the medical degree was conferred on 140 members of the graduating class.

At the Medical College of Georgia, Augusta, the graduating class numbered 22. The class in attendance during the session numbered 73.

The New York College of Dentistry, at its first annual commencement, conferred the degree of D.D.S. on 9 graduates.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, March 16th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	26	46	72
Ave. mortality of corresponding weeks for ten years, 1856—1866	36.5	36.2	72.7
Average corrected to increased population - - - -	00	00	80.39
Deaths of persons above 90 - - - - - - -	0	0	0

Communications Received.—Cases from Prof. Greene's Clinic in the Medical School of Maine, Session of 1866.—The Fever Thermometer, read before the North Bristol Medical Society.—Eczema in Children.

Books Received.—Medical Register of the District of Columbia, 1867, embracing notices of the Medical, Benevolent and Public Institutions of Washington. By J. M. Toner, M.D. Washington, D. C.: Blanchard & Mohun. 1867.

Deaths in Boston for the week ending Saturday noon, March 16th, 72. Males, 26—Females, 44. Accident, 2—asthma, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 3—cancer, 1—consumption, 17—convulsions, 2—croup, 1—cyanosis, 1—cystitis, 1—diphtheria, 1—dislocation, 1—scarlet fever, 3—typhoid fever, 1—disease of the heart, 1—infantile disease, 4—intemperance, 1—inflammation of the lungs, 5—marasmus, 4—measles, 1—old age, 2—paralysis, 1—premature birth, 1—puerperal disease, 2—scalded, 1—scrofula, 1—smallpox, 2—sore throat, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 30—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 9. Born in the United States, 49—Ireland, 17—other places, 6.

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SUPRA-RENAL MELASMA, OR ADDISON'S DISEASE.

[Read before the Boston Society for Medical Improvement, February 11th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By J. N. Borland, M.D.

In the second volume of Dr. Aitken's work on "The Science and Practice of Medicine," is an article on the above subject, which presents a valuable *résumé* of what is known up to the present time about this rare disease, in which is given the following—

"*Definition.*—A morbid state which establishes itself with extreme insidiousness, whose characteristic features are, anæmia, general languor and debility, and extreme prostration. expressed by loss of muscular power, weakness of pulse, remarkable feebleness of the heart's action, breathlessness upon slight exertion, dimness of sight, functional weakness and irritability of the stomach, and a peculiar uniform discoloration of the skin, which becomes of a brownish olive-green hue, like that of a mulatto, occurring in connection with a certain diseased condition of the supra-renal capsules. The progress of the disease is very slow, extending on an average over one year and a half; but it may be prolonged over four or five. The tendency to death is by asthenia, the heart becoming utterly powerless, as if its natural stimulus, the blood, had ceased to act."

The disease thus defined by Dr. Aitken, was first brought to the notice of the profession very imperfectly by Dr. Addison, under the title of "a remarkable form of anæmia," and an abstract of his remarks before the South London Medical Society, in which he speaks of the anæmia, debility, and diseased condition of the supra-renal capsules, but not referring to a dark discoloration of the skin, was published in the *Medical Gazette*, March 23, 1849, page 518, and later than this in the *Medical Times and Gazette* for December, 1855, and March, 1856, may be found reviews of his then recent monograph on the "Diseases of the Supra-renal Capsules."

Dr. Addison, in this disease, which has since borne his name, recognized and described the peculiar cachexia, the important symptoms of the disease, the connection of *bronzed skin* with the diseased capsules, but he imagined that any disease of the capsules would bring about this diseased condition. Subsequent observation has proved this idea not to be true, and it was left for Dr. Wilks, in *Guy's Hospital Reports* for 1862, to define and describe the true pathological characters of the disease, which he has done as follows, stating it to be of one form only, that which Dr. Addison termed "scrofulous." Dr. Wilks says:—"When the disease is recent, the organ is somewhat enlarged, and changed into a material which is semi-translucent, of a gray color, softish, homogeneous, and when examined microscopically is found to be without structure, or sometimes slightly fibrillated, or containing a few abortive nuclei or cells. This lardaceous kind of material is first deposited, and resembles what is often seen in the early stages of scrofulous enlargement of the lymphatic glands; subsequently it undergoes a decay or degeneration as in these glands, and changes into an opaque yellowish substance; and thus the two materials are constantly found associated. At a later period, as in a scrofulous gland, this may soften into a putty-like matter, or it may dry up, leaving the mineral part as a chalky deposit scattered through the organs. These, then, are the changes: first, the deposition of a translucent, softish, homogeneous substance; subsequently the degeneration of this into a yellowish-white opaque matter; and afterwards a softening into a so-called abscess, or drying up into a chalky mass. Occasionally, also, some fibrous tissue may be found among the organs, being the product of an inflammation which has united them to the kidney, liver, and adjacent parts." Some years are necessary for the production of these changes.

The definition which I have quoted above from Aitken seems to me to be very perfect; giving, as it does, a precedence to that condition and class of symptoms which Dr. Addison noticed and considered to be the most important indications of the disease, namely, the asthenia, which is not necessarily accompanied by emaciation, but is expressed by a loss of muscular power, weakness of pulse, feebleness of the heart's action, breathlessness on slight exertion, dimness of sight, functional weakness and irritability of stomach, and, lastly, the bronzing of the skin.

This last condition, owing to its great peculiarity, its so readily attracting the eye, has by many been rated too high in the scale of symptoms, according to its real value, and from Dr. Wilks's article it is evident that Dr. Addison recognized it at its true worth. Discoloration of the skin is but a symptom, interesting when it occurs, varying in amount in different cases, and in some not present at any time in the course of the disease, and, when occurring, coming on at a varying period after the establishment of the more prominent symptoms above enumerated. It is due to a deposition of a layer of pigment in the rete mucosum, the same seat as in the dark races, and is uniformly distributed over the entire surface. Numerous cases have been described as exhibiting the discoloration in patches, but the peculiarity of patches of deeper color should not lead us from the fact, that the even distribution of color over the surface of the body is the more valuable and the first to be noticed in its diagnostic importance; and also it is to be remembered that those parts where pigment naturally exists become darker than other parts of the skin. When discoloration is well developed, the patient looks like a person of dark or mulatto blood.

That this disease is rare, as I have stated, may be realized from the fact, that when Dr. Addison published his original paper, it contained only five cases that were unmistakable instances, and after a lapse of about seven years, during which the attention of the profession in England had been strongly drawn to the existence of the newly described disease, and many pathological specimens of the supposed diseased capsules had been sent to Dr. Wilks, he published his paper in 1860, and his list of cases comprised only twenty-five, and these included the five originally reported by Dr. Addison. In *Braithwaite's Retrospect of Medicine* I find no allusion to the disease since that time. Here in Boston, although other cases may perhaps have occurred, I have heard only of seven, four of them having been patients at the Massachusetts General Hospital, including one now there, two in private practice, and the one which I now report.

The patient, M. R., was an unmarried girl, 19 years old, born in England, but had been in America the greater part of her life. She was admitted to the Boston City Hospital on the 12th of November last, as convalescent from typhoid fever. She stated that her father died of phthisis; that she had considered herself as generally well, but for the last eighteen months she had not felt as strong as formerly, and had occasionally been troubled by a weak and irritable stomach. Four weeks before her entrance, after being run down by hard work, but not by exposure, she became ill, with nausea and vomiting, some pain in the bowels, and slight diarrhœa, lasting about two weeks; she, however, had neither chill, headache, epistaxis, nor pain in back and limbs. Since this trouble occurred, she had been chilly in the morning and feverish at night.

On entrance, she was confined to her bed, and very weak. On sitting up she felt dizzy, but not when lying down. She had no rose spots. She had slight dry cough, with an occasional expectoration, which she says she has had as long as she remembers. At this time she was under the care of Dr. F. E. Oliver, and having improved in condition, on the 28th of November, after a stay of sixteen days, was discharged as well.

On the 14th day of December last, she re-entered the hospital, coming under my care, and reported that since leaving she had felt very weak and unable to stand long at a time, and sometimes feeling dizzy. Has had some shooting pains in front of chest, and a constant pain below left breast. Slight cough, as for years past, with some shortness of breath, and a sensation of smothering in her chest, coming on after the exertion of working or talking. Palpitation of the heart, which has existed for the past year, is now worse, coming on frequently without any exciting cause. Frequent headache. No spinal tenderness, nor pain in back. Two spots of episternal tenderness. Slight constipation. Urine free and natural. Catamenia, having been absent for two months, appeared four days before, and disappeared the morning of the day of entrance. Skin is very dusky, which is said by the patient to have been the case previous to the fever.

Attracted by the record of the chronic cough, on seeing her for the first time, the day after her entrance I carefully examined her chest, recording a diminished respiration throughout the whole of the right lung. At the left supra-spinous fossa, occasional obscure crepitus, not persistent. In left subclavian space, harshness of respiration, without crepitus. Nothing abnormal by percussion, and considering that there might be enough of incipient phthisis to account for her condition, I ordered the following:—℞. Olei morrhuæ, spts. frumenti, āā ℥ ij.; spts. lavandulæ comp., ℥ ss. M. ℥ ss. three times a day.

Dec. 20.—Vomited yesterday afternoon and to-day; is slightly constipated. I suspended the oil mixture, and prescribed Pil. hydrargyri, gr. x., h. s.; and pulv. Rochelle, mane.

On the 22d of December, it never having been my fortune to have met with a case of Addison's disease, I first suspected the true nature of my patient's trouble, my attention being strongly attracted by the contrast between the dusky skin and the pearly eye, and the record is as follows: "Medicines ordered on the 20th produced one free dejection. Patient is now in bed, feeling weak and nauseated, and complaining of headache and debility of stomach. Color of skin is dusky, dark brownish, with still darker patches about lips, forehead, and folds of neck. Sclerotics have a clear, white, pearly, and transparent look. Eyesight is somewhat lessened in power, with occasional spells of dimness and confusion.

Dec. 23d.—Pulse 88, small and compressible. Has vomited this morning, and complains of headache and debility. ℞. Pulv. ferri, gr. xx.; pulv. rhei, gr. xl.; ext. gentianæ, q. s. M. Ft. in pil. No. xx. One three times daily.

24th.—No vomiting, but nausea and weakness of stomach. Blood, examined by microscope, shows white corpuscles in excess—about three times the normal number. Is constipated. ℞. Pil. aloes et myrrhæ, No. ij., h. s., p. r. n.

26th.—Ophthalmoscopic examination, by Dr. Williams, shows some opacity of cornea and congestion of retina.

From this time on, until Feb. 4th, the patient continued to gradually grow worse. Days of comparative comfort would be suddenly interrupted by pains in the stomach, and spells of vomiting. Palpitation of the heart and shortness of breath increased without any apparent cause. There was progressive muscular weakness, felt particularly in the thighs, so that rising from a low seat was difficult; ascending a flight of stairs became almost impossible, and walking the length of the ward was fatiguing, hurrying the heart's action and shortening the breath. The discoloration of the skin steadily deepened, being universal, the dark tone of the face showing out in striking contrast the whiteness of the eyes, and of a remarkably fine set of teeth, while strongly marked patches, of very dark color, on the dull, dusky base, were particularly noticeable at the forehead, lips, the folds of the neck, and loins, over scapulæ, around the umbilicus, and over the fronts of the knees. The areolæ were very dark, and a square patch over the epigastrium marked the position of some formerly applied counter-irritant.

A microscopical examination of the blood, on the 2d of February, showed nearly double the number of white corpuscles seen as the previous examination, on Dec. 24th.

On February 4th, she reported a sleepless night from great pain throughout both hypochondria, and her face was expressive of pain; she could not draw a long breath. Nothing abnormal was heard on such an exploration of the chest as I was able to make without giving her distress. She had some greenish, watery diarrhœa.

Feb. 5th.—Pulse 124, small and feeble. Countenance dusky, exsanguine. Tongue, bright-green coat. Conjunctivæ, for the first time, are faintly tinged with a yellowish-green color; this is but slightly marked. Vomited matters are described as sometimes blackish, at others like "chewed grass." At time of visit, vomiting to amount of half a pint of matter looking like "green pea soup." Bowels open this morning, with bright green matter. Is very weak, and stomach rejects everything.

From this time the patient rapidly sank, the nausea and vomiting resisting all remedies, such as sinapisms to epigastrium, chloroform internally, hydrocyanic acid, creasote, subnitrate of bismuth, cracked ice, brandy and effervescing drinks, &c., and on the 7th of February she died, while I was making my visit, after between three and four days of uncontrollable suffering.

The *autopsy* I made twenty-four hours after death, circumstances so limiting my time that I was only able to examine the contents of the abdomen.

The body was well formed and rounded. Rigor mortis well established. A layer of yellow subcutaneous fat, from one half to three fourths of an inch in thickness, was seen on cutting the abdominal walls. Discoloration of the disease was marked as in life.

The liver was large, and the gall-bladder distended with greenish bile, both appearing normal, as did the spleen and pancreas. In the stomach were a few small spots of dark ecchymosis; no other disease was seen in the alimentary canal. The small intestines were pale and distended with gas. The kidneys were both large, but appeared perfectly healthy. After a careful search the left supra-renal capsule could not be found. The right supra-renal capsule was found to be much atrophied. In its body were seen depositions of the semi-translucent, grayish matter described by Dr. Wilks, and in its substance numerous round, distinct masses of yellow, firm, opaque matter, one of which gritted under the edge of the knife, as from chalky deposit. These masses were of varying sizes, from that of a swan shot to that of small size or No. 8 shot.

The uterus and Fallopian tubes were slightly enlarged, and were covered with a superficial, dark, venous congestion. The substance of the uterus and ovaries normal.

This case bears, in two respects in particular, a resemblance to Case No. 23 of Dr. Wilks's series, in the fact that both patients died from prostration after three days' uncontrollable vomiting, and in the fact that one of the capsules could not be found at the autopsy.

With regard to the absence of the capsule, Dr. Wilks says:—"Cases are recorded where no supra-renal capsules existed in the body, and this has already been used as an argument against Addison's conclusions as to their importance in the animal economy. It has, however, never yet fallen to my lot to note their absence, and it being so I am naturally skeptical as to the statement, especially when I have found students at a loss to find them, when the body has been before me, while on a stricter search they have been discovered, mutilated by the act of manipulation, having perhaps previously undergone a softening process from decomposition. If, too, suppuration had existed, the organ would no doubt have been destroyed, for as soon as the abscess had been burst no trace of the organ would be left."

In which way to truly account for not finding the capsule in my case I cannot state; only I can say that careful search was made for it.

The case I have reported has possessed to me a double interest; not merely from being a finely marked instance of this rare disease, as shown by its insidious development, the establishment of the constitutional symptoms, subsequently the pigmentary discoloration, the death by asthenia. and the pathological proof; but also from being one more link in the chain of evidence which proves the integrity of Addison's disease, a matter which has been denied by many eminent men in the profession, who have erred in the same way that Dr. Addison himself did originally, in the supposition that any disease of the capsules, such as tubercle, cancer, and the like, would develop the disease in its course, as defined by Aitken at the head of this paper.

CASE OF FACIAL PARALYSIS.

[Communicated for the Boston Medical and Surgical Journal.]

By John H. Gilman, M.D., Lowell.

December 10th, 1866.—D. W., aged 39, overseer of a weaving room on the Suffolk Corporation, while inspecting some cloth, observed that he could not close his left eye, and soon after that he had no use of the same side of his face. He directly applied to me to inquire what had befallen him, and, on examination, there was found to be complete paralysis of the portio dura. At this time he did not seem inclined to pursue the treatment advised, and went away.

Dec. 17th.—The patient came to me again, fully prepared to pursue the treatment recommended. He is a man of lymphatic temperament, and somewhat corpulent. The paralysis came on without any obvious cause, unless it resulted from a carious bicuspid tooth in the lower jaw of the paralyzed side. The tooth had been filled with amalgam about a month previously, and it gave him so much pain that he went back with the intention of having it extracted; to this the dentist objected, and drilled a hole in one side of it and destroyed the nerve. After this, the tooth gave more or less uneasiness until about a week before the occurrence of the facial palsy. The tooth was at once extracted, and found to have undergone partial absorption at the root, and emitted a most offensive odor.

Treatment.—The patient was advised to abstain from alcoholic stimulants and tobacco, and to partake of less food than usual. He was allowed to pursue his vocation without interruption. Magneto-electricity to be applied daily for three quarters of an hour, by means of Davis and Kidder's machine. Wet sponges were put into the cylindrical excitors, and one was carried over the paralyzed part of the face, and the other was placed behind the left ear during the first half, and behind the right during the last half of each sitting. The orbicularis palpebrarum and the occipito-frontalis responded quickly to the electric stimulus, but the facial muscles did so less sensitively, especially the buccinator, which was quite feeble in its response. A blister was applied behind the left ear. A solution of strychnia was given every three hours during the day. The bowels were acted upon by the compound cathartic pill.

Dec. 20th.—Increased the dose of strychnia to one twelfth of a grain. Applied a blister behind the right ear.

24th.—Can partially cover the eyeball with the lids. Increased the dose of strychnia to one tenth of a grain. Applied a blister behind the left ear.

27th.—Can move the cheek a little, and has occasional twitchings of the muscles. Applied a blister behind the right ear.

30th.—Can meet the lids over the eyeball. The muscles of the face have recovered their power, insomuch that the patient can spit, whistle, and converse without much difficulty.

Jan. 2d, 1867.—Strychnia discontinued. Electricity to be applied every two days. Patient improving.

7th.—Patient has recovered full use of the paralyzed part. Treatment discontinued.

ON THE REMOVAL OF FOREIGN BODIES FROM THE ŒSOPHAGUS.

By David Rice, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A number of years ago, I reported for the Boston Medical and Surgical Journal a new method of removing foreign bodies from the œsophagus. Since that time I have had a number of cases of the lodgment of foreign bodies in the œsophagus, and have never failed of removing them by the method of which I claim the discovery, viz., by the sponge probang. The sponge probang has been used from time immemorial for this purpose, but it is the *peculiar shape of the sponge,* and the method of using it, that I claim as originating with myself. No longer ago than last week, I removed from the œsophagus of a lady, a long piece of bone, which had remained there three days. The bone was about two lines in diameter, and one and a half inches long.

Case.—Mrs. F., a lady 60 years old, swallowed a piece of bone with some meat, which became lodged in the œsophagus. She sent for me the following day. When I arrived, she said she felt better than on the preceding day, could swallow water, and begged to have any trial for the removal of the foreign body deferred. On the fourth day I was called again, and found her suffering great pain, with extreme difficulty in swallowing even fluids. I immediately introduced my sponge probang, and without the least difficulty succeeded in removing the piece of bone, together with a piece of beef. In fact, I have often removed pieces of bone, beef, needles, &c., in the manner formerly described in your Journal. The instrument I use is a whalebone probang, small and elastic, in size about the diameter of a penholder, or perhaps one eighth of an inch in diameter, curved at the lower end. On the inside of the concavity I fix at the lower extremity a piece of sponge, in the shape of a cone about an inch in length, very sharp at the bottom, and tapering gradually to the base, which is about one half an inch in diameter when dry. The apex of the cone is fixed firmly to the bottom of the probang, about one half being left floating. The base of the cone, being upwards, is cut perfectly square on the top. I apply oil of almonds to the sponge before introducing it. Being very soft, it easily passes by a foreign body lodged in the gullet, and on being withdrawn, the round, flat base can hardly fail of finding and bringing up the foreign body in question. Your readers will observe that it is the peculiar shape of the sponge that renders success so certain with my sponge probang. The probang and sponge should be well oiled before an introduction is made into the œsophagus.

Leverett, February, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY W. H. TRAVER, M.D., SECRETARY.

Malformation of the Internal Organs of an Infant.—Dr. Mason reported the case and exhibited the organs.

Mrs. E. L., æt. 34, a native of Ireland, was delivered of her fifth child, Jan. 12th, 1867, after an unusually easy and rapid labor. The child, a female, was well developed, but after gasping a few times died. *Post mortem,* twelve hours after death. Body well formed, except that the neck was very short, and the occiput was broad and flat. The heart occupied its natural position, and was normal. The lungs were two small masses, about three fourths of an inch in diameter, going back of and concealed by the pericardium. In the left thoracic cavity was the stomach, with its greater end towards the apex, which was occupied by two perfect spleens. In the right side of the chest was a liver, joined to the normal one at right angles, and separated from it by a deep groove, containing a gall-bladder and duct, which opened into the duodenum near the normal liver.

The tendinous portion of the diaphragm was wanting, except a narrow antero-posterior band, to which the pericardium was attached. The muscular portion formed a well-marked ridge around the interior of the thorax. The abdominal organs were normal. The brain and skeleton were not examined.

Tetanus; Recovery.—Dr. McGregor reported the case.

The patient was a mechanic, aged 36, a resident of Summit Station. In September last he received a lacerated wound of the hand, which was treated with poultices. Dr. McGregor saw him six days after the accident; the wound was unhealed. There was rigidity of the muscles of the neck and jaws, the latter nearly immovable; also spasmodic contraction of the muscles of the arms. Muscles of abdomen drawn in and rigid. The treatment consisted of ice along the spine, inhalation of ether; calomel and opium—eight grains of the former combined with one of the latter—injections of an infusion of tobacco, and injections of the oil of turpentine. The muscles began to relax on the fifth day, and at the end of the ninth day all the symptoms of the disease had disappeared.

Removal of the Testicle.—Dr. Grosvenor reported the case, and exhibited the diseased testicle, removed by Dr. Perry fifteen days previous. The patient was an American, aged 33, a laborer by occupation. He had suffered from orchitis for several years. The testicle commenced to enlarge about one year ago, and continued slowly to increase in size up to the date of the operation, when it weighed twelve and three quarter ounces. The disease proved to be cancerous.

Inflammation of the Brain; Death.—Dr. Morton reported the case.

The patient was a mechanic, aged 17 years. Dr. M. first saw him at 3½ o'clock, P.M., on the 19th of November. He complained of severe pain in the head, which was supposed to proceed from disease of the ear, from which there had been a purulent discharge for several years. He had had several similar attacks of pain, &c. Pulse 90; tongue moist and dark. At 7½ o'clock, P.M., of the same day, he was delirious and unconscious. He died on the following morning, thirty hours after the attack.

Autopsy.—Bloodvessels of brain injected. The cerebellum contained one and a half ounce of serum. Caries of petrous portion of the temporal bone, with thickening of the periosteum, underneath which was found half a drachm of pus.

Pericarditis; Death.—Dr. Ely reported the case.

The patient, an aged man, died suddenly, after a brief illness. The symptoms in the case were as follows:—Pulse 100, and distinct. Sounds of heart normal. Percussion elicited some dulness over the region of the heart, and at the base of both lungs. Pain in the lungs; breathing labored. Fulness and tenderness in the right hypochondriac and epigastric regions. Appetite good. Legs œdematous.

Autopsy.—The heart and pericardium were covered with lymph to the depth of one fourth of an inch. The pericardium contained about a pint of serum. Lungs congested, but otherwise healthy. Liver somewhat enlarged and fatty. Kidneys healthy.

Strangulation of the Intestines, resulting in Death.--Dr. Clapp reported the case.

The patient, a female, aged 62 years, after eating some grapes was attacked with pain in the right iliac region. This occurred in the morning. Dr. Clapp saw her in the evening of the same day. She then had the usual symptoms of strangulated hernia—pain, tenderness, vomiting, hiccough, &c. The following morning the symptoms continued about the same. About a year ago, she had a similar attack of three or four days duration. After this last attack she improved somewhat, sat up, ate some toast and tea, then suddenly grew worse, and died after an illness of four days.

Autopsy.—A fibrinous band was found extending from the colon to the rectum, forming a loop, through which the small intestines passed to the extent of five feet, producing complete strangulation. The constricted portion was gangrenous. Other organs healthy.

Death from Ulceration of the Intestine.—Dr. Collins read a report of a case resulting in death from the above cause, and exhibited the specimen. The patient was a man, aged 33, a clerk by occupation. The autopsy revealed the following conditions of the abdominal viscera. Abdomen greatly distended. The transverse colon was drawn down to the left inguinal region by the omentum, the whole of which was in the hernial sac. No inflammation of the omentum or its surroundings. In the right side, the intestines were bound together by recent lymph, which existed in great quantities around the cœcum about which there was also considerable liquid matter. In the smal intestine, about six inches from the cœcum, was a perforation say half an inch in diameter. On the inside of the intestine, the mucous membrane was ulcerated for about one fourth of an inch around the opening, which was on one side of the ulcer. Other organs healthy.

Bibliographical Notices.

On the Use of Convex and Concave Glasses in Asthenopia. By EDWARD G. LORING, M.D., Baltimore.*

ASTHENOPIA, dependent on hypermetropia, and its treatment by con-ex glasses, is now a familiar subject to all ophthalmologists. Those orms of asthenopia, however, occurring in connection with emmetro-ia and myopia, are much less understood, and are among the most erplexing maladies that come under observation and treatment.

Dr. Dyer,† of Philadelphia, has proposed a method of treating these ases by a systematic use of glasses, considering that the normal re-ation existing between the convergence and the accommodation of he eyes is in some manner disturbed, and that there is a want of en-rgy of the ciliary muscle. He prescribes, therefore, for emmetropes convex, and for myopes a concave glass, to be used at certain defi-ite periods, and for a certain length of time.

After quoting Dr. Dyer's conclusions more fully than above, and estifying to the benefit often derived from this course of treatment, he author of the present article devotes himself to more particularly nvestigating and explaining the manner in which convex glasses are eneficial in asthenopia of the emmetropic eye.

After first alluding to the relation that exists between the converg-nce and accommodation of the eyes, he shows that the positive por-ion of the accommodation is less than it should be in proportion to he negative, so that in a given angle of convergence an undue amount of accommodating power is exerted, and this necessarily at the expense of a certain amount of reserve force, the presence of which is an indispensable condition when action is to be long maintained.

In other words, the ciliary muscle, the agent of accommodation, though it may be able momentarily to contract with its normal force, is unable to maintain the necessary state of contraction for any length of time, and therefore work on near objects, which of course implies continued convergence and accommodation, becomes impossible.

This condition resembles that of hypermetropia in so far that in both cases the ciliary muscle is overtaxed, and convex glasses afford relief, with, however, this important distinction, that in the hypermetropic eye the ciliary muscle is of normal, and often of more than normal strength, but is taxed with an abnormally heavy burden, and therefore needs permanent assistance: whereas, in the case we are considering, the muscle is not originally disproportioned to its burden, but has become so from debility, and the convex glass is to relieve it of a portion of its labor till it can be restored to its original vigor. This is proposed to be done, as already stated, by a systematic and graduated exercise of the muscle while the eye is furnished with a suitable glass.

We must be content with this brief notice of the main purport of Dr. Loring's article. It seems to us that he explains very satisfactorily the conditions of asthenopia connected with emmetropia. The article is written very clearly and compactly, and will be found worthy of a careful perusal. S.

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[*] Published in the New York Medical Journal.

[†] Transactions of American Ophthalmological Society, 1865, p. 28.

Suture of the Flap after the Extraction of Cataract. By HENRY W. WILLIAMS, M.D. (Read before the American Ophthalmological Society, June, 1866.)*

ANY method by which the risks attendant upon the extraction of cataract can be lessened, and the period of convalescence shortened, will be gladly welcomed by the medical profession. Dr. Williams hopes to accomplish this by his method of procedure, which consists in "placing a single point of suture at the apex of the flap of the cornea after extraction of the lens," a very minute straight needle of less than a quarter of an inch in length, and a "single strand of the finest silk" being employed. The suture is said to give rise to no irritation of importance. It is generally removed in a week's time if not sooner come away, but has been allowed to remain a much longer period without any bad result. The extraction is done under ether, and a compressive bandage applied.

There are many advantages claimed for this method: among the most important are, the prevention of prolapse of the iris, the better adaptation and consequent quicker healing of the corneal wound, and the diminished risk from efforts, voluntary or involuntary, on the part of the patient. "In twenty-four cases subjected to this treatment there have been only two failures."

Discussion would seem out of place upon a subject that has already passed from the domain of theory into that of practice. We must await the logic of facts as shown by results. If these latter prove as favorable as they bid fair to in realizing the expectations formed of this operation, Dr. Williams has made a most important addition to the ordinary method of extraction, and is entitled to the thanks of his surgical brethren.

It is interesting to note, in this connection, that the usual operation for extraction of cataract seems in danger of being superseded by Graefe's recent method of extracting through a cut made in the sclerotic. Thus far he has obtained more favorable results by this than by the old method, and we understand his operation is being extensively performed in Germany. S.

Hospital Reports.

EXTRACTS FROM THE RECORDS OF THE ALBANY CITY HOSPITAL. REPORTED BY G. TRESKATIS, M.D., LATE HOUSE-SURGEON.

Gun-shot Wound of Left Thigh. Dr. POMFRET, attending surgeon.—Fanny S., æt. 15 years, born in Albany. Admitted to Hospital March 21st, 1865, in consequence of a pistol wound, which she received accidentally while walking in the street. Dr. Pomfret, on examining the wound, found that there was but one wound at the outer and middle part of the left thigh. The bone was denuded in a perpendicular line from the wound, but the ball could not be found, in spite of the most careful search. A poultice of flaxseed meal was ordered, and anodynes *pro re natâ.* The pulse began to rise after a little while, but the patient passed a comfortable night.

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* Published in the New York Medical Journal.

March 22d.—Fever has set in. Pulse 120, strong. Skin dry and hot; eyes bright. Became delirious in the afternoon. Has not yet passed any water, although she called several times for the vessel. Had a hysterical attack at 5, P.M., followed by several others during the night. Antispasmodics were administered, but without success; was finally quieted by threats. Thigh is somewhat swollen and painful. Passed water in the evening. This state continued till March 25th, when the fever abated and the hysterical attacks ceased. Pulse 120, weak. There is but little pain in the wound; thigh also but little swollen. Poultice continued.

26th.—Fever has ceased. Pulse 100, weak. Wound begins to suppurate; profuse discharge of healthy pus, which seems to form in pockets. Poultice discontinued, and cold-water dressings substituted.

April 1st.—Pus of a sanious, unhealthy character appears if the thigh is pressed upon from the inner side.

4th.—Had rigors in the evening. Pulse 100. Was ordered quinia, gr. i., three times daily.

10th.—Rigors continue in the evening. Pus has assumed a healthy appearance; diminished in quantity.

22d.—Left the Hospital. The wound showed a healthy surface. Rigors had ceased; her general health was also good.

She remained in bed, unable to walk, till the month of August. The wound kept continually open, discharging a moderate quantity of laudable pus. Occasionally inflammation set in, in the neighborhood of the wound, which, however, soon yielded to the proper treatment. At the end of the month, she was able to leave the bed and walk with a cane. The original wound closed up, and two new openings were formed on the posterior surface of the thigh. These openings caused her but little trouble, they being small and discharging only a small quantity of pus at intervals. In the month of October she was able to walk about as usual.

January 8th, 1866.—The ball was found to protrude through one of the openings, and was removed by the patient herself. The ball probably struck the femur without fracturing it, as it was perfectly flattened and concave, as if moulded to a cylindrical body.

Abdominal Injury; Recovery. Attending Surgeon, Dr. Boulware.—P. S., æt. 28, laborer. Admitted to Hospital June 20th, 1865, with a wound in the right inguinal region of abdomen, which he received from a pocket-knife during an affray in a saloon. The bowels protruded through the aperture. The wound was closed with a wire suture after the hernia had been removed. Opium was prescribed in sufficient quantity to keep the patient quiet.

June 22d.—Patient complains of severe pains. Wound has begun to suppurate; the margins are slightly inflamed; abdomen tender. There is no constitutional disturbance. Patient feels perfectly well otherwise. Opium continued.

After four days the sutures were removed, the wound having united. Pain and tenderness have disappeared. Patient had a natural dejection. He felt so well that he desired to leave his bed, which he was allowed to do after two days. On July 2d he was discharged, having fully recovered.

Compound Comminuted Fracture of the Skull; Death. Attending Surgeon, Dr. Boulware.—M. L., æt. 19, born in Ireland, Admitted to Hospital July 11th, 1865, at 1, P.M. Was struck on his head by the tackle while engaged on board a vessel in hauling up iron, at 7, A.M. On examination, a compound comminuted fracture of the upper and part of the left parietal bone was discovered. Patient was perfectly rational; pulse 70, strong; right side of body partially paralyzed. The fractured parts were depressed, forming a cup-shaped cavity. A council of the attending surgeons was called, and the operation of trephining resolved upon.

July 12th.—Dr. Boulware removed three small pieces of bone and raised the depressed portion without resorting to the trephine, as it was thought not expedient to remove any more bone. An antiphlogistic regimen was ordered. Cold applications to the head. Patient complains of pain in the neck. Pulse 70, in the evening.

13th.—Patient did not sleep at all during the night. Is very restless; wants to be kept in the semi-erect position. Has had one dejection. Pulse 70.

Patient became delirious July 16th, and died July 19th, having been comatose during the last two days.

A *post-mortem* examination was made July 20th, at 12, M. A large, deep abscess was found, containing about a teacupful of fœtid pus, and involving nearly the whole hemisphere. Another smaller abscess was found on the spinal column, extending from the last cervical to the fourth dorsal vertebra.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 28, 1867.

CLITORIDECTOMY AS A CURE FOR EPILEPSY IN FEMALES.

The operation of amputation of the clitoris, which Mr. I. Baker Brown has been practising for several years, very frequently, as a means of curing epilepsy, predicated on the theory that this disease is caused by habits of self-abuse in females suffering from this malady, has become a matter of such public notoriety that the medical profession in England is beginning to make itself heard in very decided condemnation of it. It is hardly necessary for us to say that Mr. Brown has under his charge in London a private hospital, known, we believe, as the Surgical Home, which is made the special receptacle of this class of patients, and in which he claims to have had very successful results from his mutilating operation. Dr. Brown has enlisted in his cause the sympathies and coöperation of clergymen and other well-meaning people, who have overstepped the barrier which should properly divide professionals from non-professionals, and have taken up his views and advocated his operation with a zeal which has disgusted the majority of thinking persons. Mr. Brown's opinions have been questioned and his statements of results boldly challenged, until he fairly finds himself at bay before the multitude of his assailants. In a recent discussion by the Obstetrical Society of London, a paper was read by Dr. Tanner on the subject, in which he questioned the soundness of the theory and wisdom of the operation, but diffidently says that he brings forward the subject more as a learner than a teacher. The reading of his paper was followed by remarks by a number of gentlemen—Dr. Williams, Dr. Routh, Dr. Tyler Smith and Dr. Greenhalgh, all more or less decidedly condemning Dr. Brown's practice, and sustaining Dr. Tanner.

It would really seem, if the operation be intended to diminish the sexual appetite which prompts to the vicious practice supposed to be the cause of epilepsy, that such physiological reasoning is of the most superficial character. The clitoris can no more be regarded as the cause of sexual desire than the correlated organ in man. The ovaries are the excitant in the one case as much as the testes are in the other. It would not be strange that the powerful impression produced by such an operation upon the nervous system should weaken for a time the epileptic habit, whether caused or not by the practice to which Mr. Brown attributes it. And if so caused, the necessary suspension of the practice for a time, caused by the operation, would do much towards its permanent abandonment. In either case, it appears to us that other physical means might be tried, less harsh in their character, and as likely to be effectual; to say nothing of moral means which we cannot think would often fail of success, if, as we are told, it is not uncommon for the unfortunate class of whom we are speaking to have fallen into this habit without a proper appreciation of the moral or physical consequences it entails. In a recent article in the London *Lancet*, Dr. Charles West, the distinguished writer on the Diseases of Children, expresses his dissent from Mr. Brown's opinions very emphatically, in a series of propositions which we print below; not without a protest, however, on our part, against the opinion expressed in the second.

"1st. Having for the past twenty-five years seen more of the disease of children and young persons of both sexes than most members of my profession, and as much as most of the diseases of women at all ages, I believe that masturbation is much rarer in girls and women than in our own sex.

"2d. I believe the injurious *physical* effects of habitual masturbation to be the same as those of excessive sexual indulgence, and no other. The special *physical* harm done by masturbation I believe to be due to the fact that it can be indulged in at a much earlier age than sexual intercourse, and can be practised with much greater frequency.

"3d. But, nevertheless, I have not in the whole of my practice seen convulsions, epilepsy, or idiocy *induced* by masturbation in any child of either sex; a statement, I scarcely need add, widely different from the denial that epileptics or idiots may, and not seldom do, masturbate. Neither have I seen any instance in which hysteria, epilepsy, or insanity in women after puberty was *due* to masturbation as its efficient cause.

"4th. I *know*, and I can appeal with confidence to the knowledge of many members of the medical profession, that of the alleged cures of hysteria, epilepsy, insanity, and other nervous diseases of women by excision of the clitoris, a very large number were not permanent. I further *know* that in several instances, one of which, seen by me in consultation with Mr. Paget, is related at p. 663 of my lectures, very mischievous results have followed it.

"5th. Although the moral questions involved in the practice of masturbation are not strictly within the province of medicine, yet, as the quotation from my lectures, taken apart from the context, may appear to imply that I believe the mind could be restored to its purity by any means which our art might furnish, I must add that I hold no such opinion.

"We too often see the man in whom the desire has outlived the power of performance for the dream to be possible that there is any necessary connection between infirmity of body and purity of mind; and most of your readers do not need to be reminded that the judgment of the Church as well as the sympathy of all are with the struggle and self-conquest of St. Jerome rather than with the voluntary mutilation of Origen.

"6th. Whilst I believe the removal of the clitoris in cases of hysteria, epilepsy, insanity, and other nervous diseases of women to be a proceeding theoretically based on erroneous physiology, and practically followed by no such results as to warrant its frequent performance, I regard it as completely unjustifiable when done for the alleged relief of dysuria or painful defecation, for the cure of amenorrhœa, or for the mitigation of the symptoms of uterine misplacement or disease.

"7th. I consider that public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse in the female sex, are likely to injure society, and to bring discredit on the medical profession. I think that such attempts are the more objectionable when associated with a reference to some peculiar mode of treatment and alleged cure practised by one individual.

"8th. I believe that few members of the medical profession will dissent from the opinion that the removal of the clitoris without the cognizance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation."

MESSRS. EDITORS,—In the last number of your JOURNAL, the writer of a Bibliographical Notice of a translation of Dr. Cotting's Address before the Massachusetts Medical Society, alludes to an Introductory Address by myself, and expresses a belief that both have been misunderstood.

My meaning has evidently not been fully comprehended by the writer, who says:—"To those who may be troubled by the passage quoted from Dr. Ellis, 'that morbid phenomena are simply perversions of healthy action, and that the two merge into each other by imperceptible gradations,' as our Brazilian critic says, 'assim como o color e frio,' we will propound a question for their benefit—By what process of imperceptible gradations does health merge into a smallpox?"

The answer to his question is very obvious. We have spoken of morbid *phenomena* as contrasted with healthy *action*. It has never been said, that the unknown something which excites these morbid phenomena is a simple perversion of health. *Visible* changes and processes have alone been discussed by me. The question of causes has been left to those who may choose to discuss it.

We can cite no better example of the gradation between healthy and morbid action than that involved in the query put to us. The pustule of smallpox, in which the visible disease culminates, contains no discoverable element which may not be found in any pustule. Pus-corpuscles do not differ in appearance from the white corpuscles of the blood, and are the result of a simple development or growth of pre-existing elements. The gradation is perfect. The characteristic pit is attributable to the distribution of the elements alone.

This view is in no way opposed to that of Dr. Cotting, which is well illustrated by the same example. The invariable sequence of changes which follow the operation of the invisible exciting agent, and the absence of these changes without the last, certainly prove in the most striking manner the existence of a *plan* or *law*. It is no accident. We have fortunately been able to protect ourselves by the application of another law which regulates the action of vaccine virus. This is in accordance with my statement, "that the history of man's connection with natural forces shows, that while one law is indestructible, its operation may be changed by the application of other laws, or you may shield yourself from its injurious action; you cannot destroy it."

Yours truly, C. ELLIS.

Death of Dr. David Livingstone, the African Missionary and Explorer.—Official confirmation has been received of the death of this most illustrious of African travellers. His loss will be regretted by all lovers of their fellow-men. To the most truly Christian humanity he united the most untiring zeal as a scientific explorer; and his contributions to the knowledge of that hitherto *terra incognita*, Central Africa, have been the most interesting additions to geographical science in modern times. He was gifted with a rare supply of common sense, which enabled him to adapt his missionary plans to the condition and comprehension of the infantile intellects of benighted Africa. From the report of the British Consul at Zanzibar, furnished to the United States Consul at that place, we learn that his last expedition was—

> "An attempt to unite the magnificent discoveries of late years and determine the limits and connections of the three great lakes, which reach from 14 degrees south to 2 degrees north latitude, and flowing to the sea by the Zambesi and Nile at the two extremities, but with an intermediate space as yet unknown. Such was the geographical problem. But Dr. L. had in view to affect the present enormous East African slave trade through pioneering the way which might lead to lawful commerce. * * * * * *
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> "Dr. Livingstone was last heard of at N'Donde, at the confluence of the Novuma and Niendi. Here he met with kindness, but found the land desolated by slave traders supplying the market of Zanzibar. We have information that he proceeded further west to Mataka, a Miso chief, who gave him presents of cattle and food. * * * From Mitaka to a lake was eight days' march. On crossing a wide water in canoes, they followed the borders of the lake for several days' journey, and then struck inland.
>
> "They were suddenly attacked in a bush country, about 9, A.M., by a band of Maviti. Dr. L. killed the foremost of the attacking party, but was surrounded and cut down by one blow of a battle-axe, which cut half through the neck. Beyond this we have no details, for those who returned were the first to flee. Almost all who stood near Dr. L. were killed, although they seem to have done considerable with their rifles. This happened about six months ago, or about October 25th. * * * * *
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> "Only one of the survivors saw Dr. L. fall, but they buried the body at 3, P.M., when the Naviti had gone. They took off all the baggage, and also the upper clothing of the dead body, so that not even a note remains by which to trace the route.
>
> "It is hardly probable that any further particulars will ever be obtained with regard to Dr. Livingstone's death, as the Maviti are a wandering people, and it will be quite impossible to ascertain the particular tribe by whom Dr. L.'s party were attacked."

Extraordinary Monster.—The *Atlanta Medical and Surgical Journal* for December, 1866, publishes an account of an extraordinary monstrosity, communicated by Dr. J. K. Hamilton, of Stone Mountain, Ga. The mother was a primipara, and labor came on at the completion of the eighth month of pregnancy. Dr. Hamilton says:—

> "I made a vaginal examination, and discovered a case of placenta prævia. The pains were regular and persistent, with slight protrusion of placenta during paroxysms. Considerable hæmorrhage ensued, which was partially controlled by the tampon, cold applications and rest. The labor lasted about two hours: the afterbirth emerged first, and was followed almost immediately by the expulsion of the child.
>
> "The most remarkable feature of the case was: The umbilical cord was attached to the crown of the head, leading directly from the placenta, seeming to permeate the brain, or more probably the inner surface of the scalp. The neck was unusually large, caused probably by an undue supply of vascularity and nervous influence, with a consequent development of tissues surrounding them.

"There was a cleft in the upper lip, constituting simple hare-lip. The abdomen contained a fissure extending from the epigastrium to near the symphysis pubis; hence the child was nearly disemboweled, with apparent obliteration of the umbilicus. The liver and intestines were well developed, and although it exhibited evidences of recent vitality, it came stillborn, owing doubtless to the anomalous attachment of the placenta and cord. The father of the child, during the late war, lost his left forearm in Virginia, it being amputated about six inches below the elbow; the child, also, on the same side, had its forearm off—the stump bearing a great similarity to the arm of the father.

"The assimilation process in this instance, as respects growth and development, was normal, the trunk and limbs being properly proportioned."

Operations for Extraction of Cataract at the City Hospital.—The following comment on the Annual Report of the City Hospital, appeared in our issue of March 21st:—

"The operations for the extraction of cataract have been remarkably successful. For whereas elsewhere to have one failure only in 8 operations has been considered a good result, Dr. Williams had only one in 21."

The fact that it has been copied by the daily press of this city, and that we have received information which materially qualifies it, leads us, to avoid further misconstruction, to make the following explanation. To say that one failure in eight operations has elsewhere been considered a good result, does not do justice to the statistics of extraction of the present day, which in 100 cases show 80 of entire, 13 of partial and 7 of non-success. Of these 13, some 10 are rendered cases of entire success by a secondary operation.

In stating that at the City Hospital there had been only one failure in 21 cases, we were misled by the catalogue of 42 operations and 2 failures, and omitted to notice that 8 of the 42 cases were still under treatment, and remained unaccounted for. And, in this connection, we also learn that the general classification of a number of cases under the head of "successful," is objected to by oculists, on the ground that the scientific value of such statistics depends upon their being accompanied by a positive statement of the amount of vision in each particular instance.

Supra-renal Melasma.—We are requested to say that any gentlemen who may happen to have had under their care cases of Addison's disease, will confer a favor if they will send an account of their cases and the autopsies, if any, to Dr. Borland, 69 Mt. Vernon St. We hope this request will be heeded, as it is highly desirable to get together all the cases possible of this interesting disease.

Decrease of Population in France; Notice of it by the Pulpit.—The eloquent Carmelite preacher, Père Hyacinthe, has been discoursing to large congregations at Notre-Dame on the delicate physiological topic, of the causes of the want of increase in French population and the small numbers of French families. His discourses are said to have excited the most lively interest, and to attract enormous crowds to Notre-Dame.

American Medical Association.—The eighteenth annual meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock, A.M. The following Committees are expected to report:—

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.

On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pa., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. J. L. Little, N. Y. Chairman.

On Prize Essays, Dr. F. Donaldson, Md., Chairman.

On Medical Education, Dr. S. D. Gross, Pa., Chairman.

On Medical Literature, Dr. A. C. Post, N. Y., Chairman.

On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.

On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U.S.N., Chairman.

On Insanity, Dr. Isaac Ray, R. I., Chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.

On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.

On Compulsory Vaccination, Dr. A. N. Bell, N. Y., Chairman.

On Leakage of Gas-pipes, Dr. J. C. Draper, N. Y., Chairman.

On Alcohol and its Relations to Man, Dr. J. W. R. Dunbar, Md., Chairman.

On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.

On Local Anæsthesia, Dr. E. Krackowitzer, N. Y., Chairman.

On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.

On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, N. Y., Chairman.

On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.

On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.

On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. N. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. —— Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engelmann; Alabama, Dr. R. Miller; Texas, Dr. Greensville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abm. Sager; Ohio, Dr. J. W. Russell.

Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.

215 Spruce St., Philadelphia. W. B. Atkinson *Perm. Sec.*

Climate of Michigan favorable to the Lungs.—For many years I have been of the opinion that the climate of Michigan, and more especially of the northwestern counties, had a sanative influence upon the respiratory functions; and that opinion has been strengthened by the examination of several thousands of its inhabitants, with special reference to diseases of the lungs. To confirm and establish this opinion, almost beyond a reasonable doubt, I submit the following statistics, copied from the "Report of the Provost Marshal-General of the United States." In the examination of the table of drafted men in all of the loyal States, you will find the number examined to be six hundred and five thousand and forty-five; six thousand, seven hundred and sixty-four were exempted for consumption. Ratio per thousand, 11·18. The ratio of Michigan has been 2·42, the lowest in the list of individual States.—A. Platt, M.D., in *Grand Rapids Eagle* and *Detroit Review of Medicine and Pharmacy.*

The Gain in the Average Duration of Human Life.—Dr. C. A. Logan, in his "Report on the Sanitary Relations of the State of Kansas," cites the example of

Geneva, in Switzerland, where an accurate record of the population, births and deaths has been kept for more than three centuries past, or since the year 1560. By a series of historical and statistical compilations, M. Mallet has ascertained that from the year 1560 to the year 1600, the mean duration of the lives of the people was, in round numbers, twenty-one years and two months. During the seventeenth century, the mean life had increased to twenty-five years and nine months; and in 1833, it had reached forty-five years and five months, being nearly double what it was about two centuries before. The result was brought about by a most salutary regulation of the public health, through which much of the former unnecessary sickness was prevented.—*Chicago Medical Examiner.*

Cause of Cholera.—A letter dated Munich, January 19th, published in the *Aix la Chapelle Echo*, of January 24, contains the following statement: Professor V. Pettenkofer is back some days from his travels. It is said that he is completely satisfied with the result of his examination of the towns visited by cholera last summer; and his conference with Professors Griesinger, Wunderlich, and the Englishman Macpherson, is said to have led to almost complete agreement of opinion. We hear that the Professor will soon lay his latest results before the Medical Society in a complete shape. At the same time an astonishing observation is conveyed to us from Vienna. Dr. Klob has, with the use of a microscope of from 800 to 1000 magnifying power, discovered in the rice-water evacuations millions of microscopic fungi, which, in appearance, differ little from the ordinary European forms; and that cholera is easily propagated by their means, can scarcely any longer be doubted.—*Brit. Med. Journal.*

Coal Oil Light.—We have found, by experience, that the light is greatly improved by adding to the oil one-fourth of its weight of common salt. It makes the light much more brilliant and clear, keeps the wick clean, and prevents smoking.—*St. Louis Medical Reporter.*

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 23d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	34	45	79
Ave mortality of corresponding weeks for ten years, 1856—1866	44.1	39.5	83.6
Average corrected to increased population - - - - -	00	00	90.41
Deaths of persons above 90 - - - - - - - -	0	0	0

BOOKS RECEIVED.—Obstetrics; the Science and the Art. By Charles D. Meigs, M.D. Fifth Edition, revised. Philadelphia: Henry C. Lea. 1867.—Practical Dissections. By Richard M. Hodges, M.D. Second Edition, thoroughly revised. Philadelphia: Henry C, Lea. 1867.

DIED,—In Upper Egypt, above Edson on the Nile, Dr. Russell B. Brownell, of Sharon, Ct.—while making the tour of Egypt with a party of American gentlemen.

DEATHS IN BOSTON for the week ending Saturday noon, March 23d, 79. Males, 34—Females, 45. Accident, 1—anæmia, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—burns, 1—consumption, 13—convulsions, 2—croup, 1—cyanosis, 1—debility, 1—diarrhœa, 1—diphtheria, 1—dropsy of the brain, 2—dysentery, 2—scarlet fever, 1—typhoid fever, 1—disease of the heart, 1—infantile disease, 2—disease of the kidneys, 3—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 2—measles, 3—old age, 1—peritonitis, 2—pleurisy, 2—premature birth, 1—puerperal disease, 3—rheumatism, 1—smallpox, 8—tumor, 1—unknown, 1—whooping cough, 2.

Under 5 years of age, 35—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 9. Born in the United States, 55—Ireland, 15—other places, 9.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. HENRY J. BIGELOW.—NO. III.

Reported by Mr. Richard H. Derby.

[Communicated for the Boston Medical and Surgical Journal.]

Fibro-cellular Tumor of Scrotum; Removal; Recovery.—Patient, M. C., aged 46, entered the Hospital January 3d, 1867. Three years before, he presented himself to Dr. Bigelow at the Hospital, with a similar tumor, which is described as having the general aspect of a large hydrocele, but further examination showed the testicles occupying nearly their normal position, high up on each side near the pubes. The tumor consisted chiefly of slippery lobes that eluded the grasp. Upon cutting down, the first lobe that was exposed declared the fibro-cellular character of the tissue. After a tedious dissection, the tumor resolved itself into two principal masses. Each of these was somewhat lobulated, six or more inches in length, three or four inches in diameter, and smallest at the neck. The dissection was carried backwards and downwards through the triangular ligament. Their insertion was discovered fan-shaped and expanded, high up somewhere between the prostate gland and rectum, where ligatures were passed around the two pedicles and the masses were cut away.

The microscope showed them to consist of a fibroid structure, with some attempt at an elongated cell-growth.

Soon after the patient left the hospital, the tumor began again to grow, and slowly increased in size up to the time of entrance.

The scrotum was distended by the tumor, which was of the size of a large cocoanut, and consisting of several lobes. It could be traced backwards towards the anus, where its limits were undefined. In front, on the sides, the testicles were felt. The anterior wall of the scrotum was very much thickened, and at one point adherent to the tumor.

Jan. 5th.—Patient was etherized, and Dr. Bigelow made an incision along the median line of the scrotum from the peno-scrotal angle to the perinæum. The tumor was then carefully separated from its attachments. The pedicle was two or three times as large as before, and constituted by the necks of separate lobes. The tumor was dissected from the rectum and the neighborhood of the prostate as high as it was thought justifiable to follow its attachments, towards the cavity of the peritoneum. In doing this, one broad, firm attachment was discovered to the upper part of the inside of the sacrum. There may have been others which could not be determined with as much certainty. The pedicle was cut through, and the upper four fifths of the wound in the scrotum closed by sutures. The tumor, with a small piece of the scrotum, weighed three and a half pounds. Its mass firmly adhered to the old cicatrix in the scrotum. In fact, there was no line of demarcation between the healthy and diseased tissues. Under the microscope, the tumor was found to consist of fibro-cellular elements. The wound healed through nearly its whole extent by first intention.

February 2d.—Patient was discharged, well.

Remarks.—This case is interesting in connection with a fibro-cellular tumor of the skin removed by Dr. Bigelow some years since.* It occurred in a woman 25 years of age, and was of six years' duration when removed. The tumor was suspended from the upper part of the left buttock by a large pedicle, the whole weighing, after removal, 13½ pounds. The wound after excision measured 13 by 17 inches. The microscopic appearances were the same as in the preceding case. Seven years after removal, the tumor was beginning to reappear.

Naso-Pharyngeal Polypus removed by Ablation of the Superior Maxillary Bone.—Patient, D. W. B., aged 23, clerk, entered the Hospital November 14th, 1866. For six years previously he had suffered from a polypus, occluding the left nostril. In the course of a single year he had portions of it removed on thirteen different occasions. Some of these operations were attended with profuse hæmorrhage. Two years before entrance, he first noticed a painless tumor, situated in the substance of the left cheek, below the antrum.

On exploration, there was a large, soft tumor, extending from the nasal bones to the pharynx of the left side, with apparently an ethmoidal attachment. No encroachment upon the antrum was detected by the finger introduced into the nose. Outside, in the cheek and behind the pterygoid processes, was a hard, movable tumor in the thickness of the cheek, of about the size of a filbert, and with a doubtful, soft, superior attachment, if indeed any existed.

Nov. 17th.—Patient was etherized, and Dr. Bigelow made an incision over the tumor, in the cheek, from the zygoma downwards. The tumor, deep in the fat, was found continuous with a pedicle, passing beneath the zygoma and through the spheno-maxillary fissure. The finger could now be forced behind the antrum to the nostril, where a finger of the other hand, introduced into the nostril, readily felt it, the antrum being apparently not diseased.

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* Boston Medical and Surgical Journal, vol. lxx. p. 174.

It was now decided to remove the left superior maxillary bone to reach the origin of the tumor. The incision upon the cheek was continued down to the angle of the mouth. The flap was turned up; the normal bony attachments divided, and the superior maxilla removed. The tumor was now exposed—one lobe occupying the nostril, a second reaching the cheek, and a third passing directly backwards to the body of the sphenoid. It had contracted strong, fleshy attachments with the nasal walls, which were with difficulty separated. It had somewhat encroached upon the bones by absorption of their tissue, but they did not seem softened or transformed, as by cancer, nor were the surrounding tissues invaded or infiltrated. After careful enucleation, the root of the tumor was discovered, imbedded in the sphenoidal cells, from which it was carefully removed by tearing and dividing its attachments by scissors. The cavity being left apparently sound and clean, one or two vessels were tied and the wound brought together.

The tumor was found to consist of three principal lobes. On section, it presented a dense, white, fibroid appearance. In some places it was apparently traversed by vessels, so as to give an approach to cavernous structure; so that in some parts it might on this account be very vascular. The wound was dressed with compress (cold water).

Microscopical examination.—The tumor was of apparently a benign, fibroid structure, with free nuclei and nucleoli, a little larger than blood corpuscles. Occasional larger cells seen.

Nov. 22d.—Alternate sutures removed. The wound has healed by first intention throughout.

23d.—Remaining sutures removed.

Dec. 19th.—Discharged, well.

Remarks.—In this connection, it may be of interest to refer to a couple of cases similar to the preceding, reported by Maisonneuve,* where he excised the superior maxilla in order to remove a naso-pharyngeal polypus. In the first the tumor, with its prolongations, occupied a portion of the pharynx, the nasal fossa of one side, the temporal and zygomatic fossæ. The second occupied the zygomatic and right nasal fossæ, and had its origin from the basilar process of the sphenoid and internal pterygoid processes. The tumors were of fibroid structure and very vascular. Both patients were entirely relieved by the operation.

Case of Removal of two-thirds of an Elastic Catheter from a Man's Bladder.—Patient C. F., a laborer, aged 40, entered the Hospital February 23d, 1867. Four weeks before admission, while working in a canal, a bank of earth fell on him, striking his abdomen.

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* Polype Fibreux Naso-Pharingien. Resection d'Os Maxillaire Supérieur. Maisonneuve, Clinique Chirurgicale. Tome 1er, p. 589.

There was then no evidence of fracture or external injury. For some time after the accident, he was unable to pass his water and was daily catheterized.

On entrance, urine was constantly coming away, drop by drop. The penis and scrotum were every where excoriated. Nothing abnormal about urine, on examination. No tenderness over the region of the bladder. For several days patient remained in the same condition as on entrance.

March 8th.—On introducing a catheter, to give an injection of tincture of opium and water, patient protested against the operation, and then for the first time made the following statement. While under treatment, before he came to the Hospital, his physician left one night an elastic catheter in the urethra and bladder. The next morning when patient awaked he found the bone head and three inches of the body of the catheter by his side in the bed. He could feel the rough fractured end of the instrument at the peno-scrotal angle. He sent for the physician, who came and tried unsuccessfully to remove the remains of the catheter. Failing in this, he told the patient not to feel concerned, for what was left would melt and come away. He then for two or three days continued to pass another instrument. Patient had refrained from mentioning this before, for fear the fragment could not be removed entire.

On introducing a silver catheter and turning its beak in the bladder, a hard rough body could be felt, apparently lying transversely.

Dr. Clark was sent for, the bladder was injected with tepid water and a lithotrite introduced. After careful manipulation the foreign body was seized between the jaws of the instrument and the lithotrite was then withdrawn, its beak being carefully guided by the forefinger along the posterior wall of the urethra. The catheter, which was nine inches long, had been seized at a point an inch and a half from its beak, and in its removal the short end was doubled over upon the long. It was everywhere covered with concretions from the crystallizable substances in the urine.

During the next twelve hours the urine contained some blood.

March 11.—Improving satisfactorily.

This instrument had remained in patient's bladder for over four weeks.

OTITIS EXTERNA, WITH TREATMENT.

By Henry L. Shaw, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The frequency of this disease, its serious nature oftentimes when left to itself, and the trifling manner in which it is regarded by patients, would seem to justify calling the attention of the profession to its consideration and to the importance of early and persistent treatment. The large number of patients who present themselves at our charitable institutions would, we think, be greatly increased, if people were impressed with the importance of attending to a discharge from the ear, however slight. One has but to attend the clinic of a public hospital to ascertain with what indifference the disease is looked upon. It is to be regretted that so few patients apply for aid during the acute stage. By carefully examining into their history, we find their troubles dating back for months or years. It is not an uncommon occurrence for them to wait for fifteen or twenty years before presenting themselves, and they are only then admonished to do so by the deafness, which is generally beyond help. Thus, in the absence of treatment, the ulcerative process is carried on until the tympanic cavity is affected, and changes are produced by which the hearing is irrecoverably lost. It is rare for the disease to continue many weeks without this state of things being brought about, in a greater or less degree. Although patients do recover sometimes without treatment, there is still a very large number who, deceived by the absence of pain, and the non-appearance of the discharge externally, consider themselves well, even while the disease is progressing. The great relief following the acute symptoms by the appearance of the discharge, leads them to believe that its continuance has a salutary effect, or that its suppression would give rise to a similar affection of some other organ.

It is in the early stage, before the membrana tympani has become seriously diseased, that we obtain most satisfactory results from treatment. The length of this stage varies. It may last for weeks, but such is not its general course. Frequently, before we are aware of it, the ulcerative process has affected the membrana tympani, and although it may not necessarily extend to the tympanum, it will in the majority of cases render the prognosis less favorable. Very small perforations sometimes heal; such cases, however, are exceedingly rare. In almost every instance they go on increasing in size, until the greater part or the whole drum is destroyed. While it continues entire, no matter what the condition of the canal may be, we may hope for a favorable termination. It is the extension of the inflammation to the tympanic cavity we are to guard against, and to prevent this our whole treatment should be directed.

Internal purulent otitis, as is well known, is very tedious, and oftentimes but little benefited by treatment. Not so, however, with the disease under consideration, which in most cases is as successfully treated as the average of diseases; certainly more so than many forms of granular lids, or chronic inflammation of the lachrymal passages. That cases do occur which resist all treatment cannot be denied; but by timely and well-directed efforts much the larger part can be cured. The disease seldom attacks both ears simultaneously, but is afterwards very likely to extend to the other ear.

It is often difficult to trace the disease to any known cause. It is frequently seen as one of the sequelæ of scarlatina, rubeola and other acute diseases. Exposure to drafts of air, the violent use of injections, and the use of irritating remedies, give rise to it. It may be produced by diseases of the skin, extending to the canal. Foreign bodies in the passage, although not a frequent cause, is one liable to be overlooked.

It is sometimes so insidious in its onset, particularly in infants, as not to be noticed until attention is drawn to the discharge; but this is not generally the case. It usually commences with well-marked inflammatory symptoms. The patient complains of great heat and a feeling of fulness in the ears, followed by intense pain, which may extend to the whole side of the head and angle of the jaw, and frequently accompanied with delirium and sleeplessness. If we examine the ear, the external auditory canal, as far as seen, will be found tense and shining, and often swollen so much as to prevent an examination by the speculum. The lower part of the canal is much injected, and the membrana tympani, to which the disease has probably extended, is with difficulty distinguished from the surrounding parts, looking much like a granular lid when acutely inflamed. As the disease progresses, the pain, if possible, becomes more intense, and is early accompanied by a throbbing, which in three or four days from the attack is followed by the appearance of a thin, mucous discharge, much to the relief of the patient's suffering. The quantity of the discharge varies; sometimes it is not more than enough to moisten the passage, and again it amounts to several drachms daily. At the commencement of the disease the hearing power is somewhat diminished, the amount of deafness depending upon the severity of the attack. On the subsidence of the acute symptoms, the walls of the canal become less swollen and tender, and in a few days we can, after having cleansed them by the use of the forceps and injections of tepid water, make a thorough examination. We shall now find shreds of desquamated matter, sometimes almost a complete cast of the passage. If the disease has affected the membrana tympani, and is inclined to a favorable termination, this will appear less red, and the line of demarcation between it and the surrounding parts will be apparent. Under favorable circumstances, we shall be able to see the changes which take place. From a deep red it gradually becomes pale, and less swollen. Soon, instead of a uniform redness, we shall see white interspaces, and afterwards the boundary lines of the vessels can be distinctly traced. From this time it is slow in resuming its normal condition. Often the vessels are visible for a long time, particularly at that part where the handle of the malleus is connected with the membrana tympani. The discharge assumes a muco-purulent character, and lasts for several days, or a week or two, when the organ returns to nearly its normal condition. The hearing, however, is apt to be somewhat affected a still longer time. Should the disease not assume a favorable character, the discharge continues muco-purulent for a variable time, until finally it will be found almost wholly purulent. The denuded walls of the passage and the surface of the membrana tympani continue inflamed, and instead of healing, secrete pus, which, by remaining in the passage, soon decomposes, and becomes a source of constant irritation. This is oftentimes sufficient to keep up the trouble. A knowledge of this fact is of great importance, if we would treat the disease successfully.

Treatment.—During the acute stage, our attention is first drawn to the pain. This can be relieved somewhat by the application of a few leeches in front of and below the meatus. General bleeding is sometimes, although very rarely, indicated. If the patient is of a plethoric habit, he should be restricted to a low diet, and ordered a cathartic. Perfect quiet, in a warm room, will add much to his comfort.

We shall derive the greatest benefit from the application of hot fomentations and poultices. The relief is almost instantaneous, and although their use is strongly objected to by some authors, few patients, after having used them, will allow their discontinuance. They should be changed frequently, and never allowed to become cold. The vapor of warm water, or of water impregnated with aqueous extract of opium, will be found beneficial. In some cases, great relief will be afforded by filling the ear with water as hot as can be borne comfortably. The free use of opiates will be required, and is generally indispensable. Of the different varieties, Dover's powder is perhaps the best.

Cleanliness and Injections.—During the acute stage, and while the ear is swollen and tender, injections of tepid water, if they can be employed without producing pain, should be used sufficiently often to prevent the accumulation of matter. Great gentleness will be required in removing this matter from the bottom of the canal. If the walls should bleed, or if very sensitive, the injections should be deferred, and leeches or other antiphlogistic treatment should be adopted. Injections can generally, however, be administered without pain, if the nurse is instructed to direct the injection against the posterior walls of the passage. If a powerful stream is forced against the membrana tympani, it may be followed by giddiness, or even complete syncope. The danger of rupturing it, although less than in the chronic stage, is sufficiently great to require the utmost care. It should not be left entirely to the attendant, although the necessary tact is soon acquired; as often as possible the physician should attend to it personally, and see that the whole canal is clear. Mild astringents can sometimes be used with advantage. When possible, the patient should rest with the head inclined towards the affected side, which allows the free exit of the discharge. This will not, however, in any case render the injections unnecessary. With the ordinary spring speculum, a thorough examination of the canal is often impossible; but with the cylindrical, and a weak concave mirror, it becomes easy, even while the patient is reclining in bed.

Chronic Stage.—The chief obstacles we meet with in treating the disease at this stage is the great difficulty of applying remedies directly to the affected surface. The dried pus and epithelial debris adhere to the walls of the canal until they are sufficiently loosened by ulceration to be discharged. By this time a second crust is formed, and the ulcerative process is thus kept up indefinitely. In this respect it resembles ciliary blepharitis, which, as is well known, is never cured until remedies are applied directly to the roots of the lashes. In that disease we impress upon the patient the importance of soaking the crusts until they are entirely removed; and then only do we consider the lid ready for treatment. Unfortunately, from the shape of the auditory passage, patients with otitis are prevented from doing this, and it devolves upon the medical attendant, who will generally be able, by persistent efforts, to prevent their formation. We should never be satisfied with a superficial examination. The canal may, when not thoroughly examined, look quite well, yet we shall be very likely to find patches in an active state of ulceration. They are often at the bottom, and sometimes extend to the membrana tympani. Such cases should be closely watched, and may usually be benefited by the application of nitrate of silver, of five to twenty grains to the ounce of water. Care should be taken not to touch the healthy surface. The frequent use of this salt to the whole of the canal when only a small portion is affected, is useless, and, if strong, results in considerable harm.

The same strict attention to cleanliness is required in this stage of the disease, and also the free use of astringents. The mineral are most used, and are perhaps the best, although in some obstinate cases the vegetable are better. Of the former those most in use are, alum, acetate of lead and sulphate of zinc, of variable strength, from two to twenty grains to the ounce of water. Of the vegetable, tannin is most used. Sometimes a decoction of some of the plants containing it will be found to answer well. These remedies may be used with the syringe, several times daily. They should, of course, be previously warmed, as should all applications to the ear. If they are dropped in, it should be after syringing. Without this precaution, they would often be too much diluted to have any perceptible effect. We have used in this stage, with favorable results, the vapor of the tincture of chloride of iron. By the atomizer, this can be effected with facility. It should be used quite weak at first. We have generally commenced the treatment with only a few drops of the iron to an ounce of water. It may afterwards be increased to twenty or thirty drops. A very weak solution of nitrate of silver can sometimes be substituted with advantage. When not acutely inflamed, and the walls of the canal are pale and secrete large quantities of pus, the use of these remedies in the manner described will oftentimes be attended with gratifying results. When the passage is in the condition alluded to, this treatment will be found not disagreeable. It may be repeated every second day. If it causes pain it should be discontinued.

The canal ought never to be plugged with cotton. If its use should be considered necessary, it may be put loosely into the external orifice. If pushed well in, it soon becomes soaked with pus, swells, and prevents the exit of the discharge externally. As the pus accumulates, the chamber containing it is distended, and we shall be very likely to have rupture of the membrana tympani, through which the pus may be carried into the throat. It is not an uncommon occurrence for patients to apply to us, who assert that they have not put cotton into their ears since the early stage of their disease, which may have continued for months, and on examination we find the bottom of the canal partly filled with it.

Constitutional remedies are, in many cases, of the greatest importance, particularly in children; yet they may be powerless, unless combined with local treatment. Quinine, cod-liver oil, and the preparations of iron are the ones most indicated. We would not underrate their great value, but we think that if the local treatment should be persisted in with the same zeal as the constitutional, we should derive far better results. Patients are often seen who have been under various kinds of treatment, and have perhaps never had the canal examined. They have relied entirely upon constitutional remedies, with, perhaps, some general directions with regard to cleanliness. This method of procedure is much to be regretted, and accounts, in a measure, for the want of success in a multitude of cases.

Boston, March, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JAN. 28th.—*Laryngitis supervening on Measles in a Child of eighteen Months; Tracheotomy; Death. Discussion as to the Nature of Laryngitis, with Cases.* Dr. GEORGE HAYWARD reported the following case.

"The patient, a child about eighteen months old, was first seen by me Jan. 17th. Measles had appeared on the 16th, and was quite full; she had some cough and fever, but did not appear to be worse than children often are at that stage of the disorder. On the 18th, I was sent for to see her, as it was thought she had the croup. Found her breathing with a hoarse, stridulous sound, a good deal like that of croup, but perhaps rather shriller; the color was natural; the loud and shrill sound of the breathing masked the respiration somewhat, but there appeared to be mucous râles in both backs; no crepitus or dulness apparent; no lymph on the tonsils.

"She had been vomited thoroughly by emetics, &c., before I saw her, and, as she seemed weak, I directed that all remedies should be omitted, and that she be fed with beef-tea in small quantities, and at short intervals, until I saw her again. Steam had been used freely, which was continued.

"In about three hours after, Dr. Cabot saw the case with me in consultation. At that time the color was good, the respiration and sounds in the chest were much as they had been before. The tendency to vomit continued, but was not so urgent, and she had retained some of the beef-tea. It was agreed, as the measles had faded away almost entirely, and rather suddenly, to put her in a hot bath, and then wrap her body in a warm flaxseed poultice. After this was done, the eruption came out again, and we then used an atomizer to throw the spray of water into the larynx. This seemed to relieve the breathing considerably, the hoarseness and shrillness being much diminished for some little time after using it. The atomizer was used a number of times through the night and the next day, the hoarseness being apparently relieved by it; and beef-tea or wine whey given every two hours, although it was sometimes difficult to swallow them, and they were occasionally thrown up. The color continued pretty good until evening, but at that time a marked change took place, the breathing becoming very difficult, and the skin beginning to grow livid.

"It being apparent that the child was rapidly changing for the worse, tracheotomy was performed by Dr. Cabot. Very little blood was lost during the operation; and soon after the tube was inserted the breathing was sensibly relieved. On opening the trachea, no false membrane could be seen by a careful examination, and the mucous membrane was of a natural color. The next morning, the skin was of a good color, the patient had taken nourishment freely, without any difficulty or vomiting after the tube was inserted, and had slept somewhat. The respiration was hurried, but quite variable. Pulse 120 to 130. The principal difficulty arose from the mucus which clogged the inner tube, requiring it to be frequently removed and cleansed.

"This state of things continued Jan. 20th and 21st, during which time she took nourishment freely, and slept a good deal at night. The atomizer was used frequently, to throw a spray from a weak solution of bicarbonate of soda into the tube, which appeared to assist her in coughing up the viscid mucus. On the morning of Jan. 22d, the measles, which after their return on the evening of Jan. 18th had continued very full, had faded away very much, the respiration was less rapid and labored, the aspect of the child better, and the hope of a favorable result increased.

"In the afternoon of that day, however, the breathing became more difficult and obstructed, and in the evening, as the removal of the inner tube did not relieve her, both tubes were taken out. No membrane was discovered by a careful examination of the trachea, and the obstruction of breathing seemed to arise from the free secretion of mucus in the bronchial tubes. A solution of nitrate of silver, twenty grains to the ounce, was thrown into the tube by the atomizer, but did not relieve the breathing; the secretion of mucus continued to increase, and the child died, apparently suffocated by it, Jan. 23d.

"In this case there were several circumstances which militated against the success of the operation. The child was naturally delicate; she had a severe attack of diarrhœa after weaning, in November, which reduced her strength very much; she was cutting her eye- and stomach-teeth, and was passing through an attack of measles. Add to these her age, less than eighteen months, and the prospect of success was small from the first; but from her appearance when the operation was performed, tracheotomy seemed to offer the only chance of saving her life.

"The immediate result of the operation was, not only that the patient's breathing was relieved, but that after it she had no difficulty in swallowing and retaining her food, which had been the case before; and this continued almost to the time of her death."

Dr. Cabot said he had seen, a month ago, a similar case after measles. The eruption had appeared regularly and had gone off, when the child was attacked with difficulty of breathing; steam was used, and then tracheotomy done and recovery ensued; in neither of these cases was there any false membrane or even redness of the interior of the trachea. In the last-mentioned case, at the time of the operation he had noticed a perceptible but not great dulness in one side of the chest, but after tracheotomy had been performed there was no sign of serious trouble in the lungs; it seemed to him that the dulness might have resulted from congestion, so called.

In answer to Dr. Hodges, Dr. Cabot said he thought the chance of recovery in simple laryngitis as good in a young child as in an older one; except that the mucous membrane in a very young infant might be more irritable and the operation more likely to produce or increase bronchitis or pneumonia, from the direct admission of air to the bronchial surfaces uninfluenced by the temperature and moisture of the mouth.

Dr. Bethune said that young children bear injuries and some operations better than older people, but in the cases alluded to they are generally reduced in strength by previous disease.

Dr. Jackson remarked upon the use of the term laryngitis. It might, of course, be applied to the case of inflammation of the mucous membrane, as bronchitis is to that of inflammation of the same membrane in the bronchi. He had, however, often heard it applied and confined to a very different case—to that form of inflammation that affects the sub-mucous cellular and deep-seated tissues about the entrance into the larynx; the mucous membrane being affected only secondarily, and sometimes scarcely at all. With regard to pneumonia as a complication of croup, he could only recall one case in which he had seen it on dissection.

Dr. Cabot thought that many cases reported as croup after measles were cases of laryngitis, perhaps the eruption of measles on the mucous membrane.

Dr. Ware had heard Dr. James Jackson report what he regarded as a case of croup in which no membrane had been found after death. He thought membranous croup was an exceedingly rare affection as a consequence of measles, that affection of the mucous membrane not having a tendency to throw out false membrane. He had never seen a case.

Dr. Cabot said if there was no membrane there was no croup; what can it be but laryngitis?

Dr. H. K. Oliver thought that the confusion of the subject arose from the use of the general term laryngitis. We should remember that the larynx is a complex organ. Inflammation of the mucous membrane may be confined to the membrane proper, or may implicate the sub-mucous layer. In rarer cases the inflammation may commence in the sub-mucous layer. Another form of inflammation in the larynx is that which attacks the perichondrium. When the inflammation of the submucous layer is severe, œdema of the larynx may come on. In these cases, the greater amount of swelling, which is noticed in the upper part of the larynx, is explained by the greater laxity of the cellular tissue there. Over the vocal cords, the mucous membrane is very tightly bound down; below the cords it is more loosely attached, but the laxity of the sub-mucous layer is nowhere so great as in the parts above.

Feb. 11th.—*Acute Laryngitis.*—Dr. Jackson alluded to his remarks upon this subject at the last meeting of the Society, and reported the following cases, of which he had either made or seen the dissection, and of which a summary is here given.

Case I.—A woman, æt. 24, died with jaundice of about five months' duration, and that came on with acute constitutional symptoms. One week before death she had a rigor, and from that time an affection of the throat, with a violent attack of dyspnœa the last twenty-four hours. On dissection, pus and lymph was found in the cellular tissue about the œsophagus to a considerable extent; and the same about the glottis, particularly upon its external face—thick, liquid pus escaping when the mucous membrane was punctured. The glottis was probably secondarily affected in this case, but the disease might in another case have commenced there.

Case II.—A large, gross woman, 56 years of age, having had a cold for about three weeks, was attacked on Saturday with what seemed to be a common sore throat, though there were active constitutional symptoms. On Wednesday morning she was found very much worse, the breathing being extremely difficult, sonorous and rattling, and the voice so affected that it was scarcely possible to hear what she said with the ear close to her face. In the evening she died; and, on dissection, the disease was found remarkably confined to the throat and top of the larynx, so that it was greatly regretted that the trachea had not been opened on Wednesday morning—the operation being far more appropriate to this case than to that of croup. The epiglottis was erect and much thickened, and beneath the mucous membrane upon each of its surfaces was an abundant effusion of pus. The same effusion was found upon the right side of the pharynx at some distance behind the tonsil. The glottis, upon the right side, was much swollen, exceedingly soft and flaccid, and all of the tissues were infiltrated with pus, the left side being much less affected. The pus was so distinctly seen on inspection of the fauces during life that it was mistaken for an effusion of lymph upon the mucous membrane; but there was no such effusion, except a barely discernible amount, and to a small extent upon the glottis. The mucous membrane of the air-passages generally was very moderately reddened, though there was an abundance of a very viscid secretion; but otherwise all of the tissues were intensely inflamed—the glands and even the external integuments being affected. One of Cruveilhier's plates (Anat. Path.)

was shown to the Society as giving a good idea of the sub-mucous purulent effusion in this case.

Case III.—A merchant, æt. 52, of robust health, was attacked suddenly with severe constitutional symptoms and sore throat, and died on the sixth day. The respiration, however, was not stridulous, and the voice was not extinct. On dissection, an extensive, diffuse, cellular inflammation was found; thick, yellow pus between the muscles of the neck, beneath the upper two-thirds of the sternum, and to the extent of three or four inches between the œsophagus and spine, but nowhere in great amount. There was, also, acute pleurisy upon each side. The whole glottis upon the left side was very much tumefied, red and fleshy to the feel; and, on incision, there was found an abundant effusion of thick yellow pus that contrasted strongly with the deep red color of the adjoining tissues. Upon the right side the glottis was, most remarkably, quite healthy. Upon the mucous surface, and to the depth of about a line, was a defined, soft, tawny yellow slough, as in Cruveilhier's plate. The glottis upon the left side was, and most remarkably, quite healthy.

Case IV.—A woman, who had been attending upon her sister, with erysipelas, was very suddenly and severely attacked, and died in two days; there being very urgent dyspnœa, aphonia, and such dysphagia that she was almost convulsed on attempting to swallow. She had no erysipelas, however; but, after her death, another case of this disease appeared in the house. On examination, precisely the same form of inflammation was found as in the last case, though scarcely any pus could be forced out. There was a soft, but not excessive swelling upon each side of the glottis; and upon one side a slough seemed to be threatening. The inflammation was confined to the upper part of the larynx, but extended downward about the œsophagus to the middle of the trachea where it was cut across, at the time of the examination; the affected parts only having been seen in this case.

Case V.—A member of this Society, 52 years of age, who had always been in very delicate health, was attacked when he was about as well as usual, and died at the end of a week. His case was very soon recognized as one of laryngitis.; though there was no marked dyspnœa, only moderate dysphagia, and incomplete aphonia. On examination, there was found the same form of inflammation as in the two last cases; puriform infiltration into the cellular tissue about the muscles of the larynx and parts below, though the glottis was only very moderately temefied. The mucous membrane was not affected. This and the last case occurred in February, 1850, and the previous one in December, 1849.

Dr. J. quoted from the very complete work of Sestier (Tr. de l'Angine Laryngée Œdémateuse, Paris, 1852), to which his attention had been directed by Dr. G. M. Gay. The term œdematous laryngitis has been generally used, but Dr. J. thought it very objectionable, as the infiltration is so often purulent; and, until some better one is proposed, he preferred to call the disease simply "laryngitis," as this was a term to which he had always been accustomed. The term "glottis," to which Sestier strongly objects, is applied by Dr. J. to the upper orifice of the larynx.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 4, 1867.

HOMŒOPATHY IN PARIS,

The Legislature of the State of Massachusetts in their collective wisdom have lately authorized the formation of a homœopathic medical college, with the power of conferring the degree of Doctor of Medicine. No doubt they had a right to do this thing if so it seemed them best, particularly as one of their corporate body was also a member of the homœopathic fraternity. Perhaps it may be eventually ordained that any citizen may have the privilege of declaring himself an M.D., as much as to assert his sovereignty by casting his ballot. But, we think, we might come far short of this last consummation, and yet find the fact of a degree of Doctor of Medicine having been issued under the authority of the State of Massachusetts to be in itself of little worth; and that (coming from one of some sources) the parchment on which it may have been inscribed will have less value than before it was stained with ink, and called a diploma. If the privilege of conferring medical degrees be dispensed too liberally, they will become, as it were, a depreciated currency, of small purchasing power to the owner. They might, perhaps, serve as tickets of admission to hospitals in Europe, where their real significance might not be as well understood as in their place of origin. But, the mere fact of an individual being dubbed a Doctor in Massachusetts would hardly ensure him fellowship with graduates of other institutions of high standing. It would be inquired from what college he received his title. *M.D. Cantab.* may become, with us, necessary as a passport to medical dignities and immunities.

It so happens that at about the same time the General Court of this Commonwealth were conferring on the homœopathists the high privilege above alluded to, a discussion which took place on the 3d of December, 1866, at the "Société Médicale Homœopathique de France" was published in the *Union Médicale* of the 23d of February, 1867. Without further preface, we proceed to translate the report of that discussion:—

M. Léon Simon fils. I read in the report of the last session these words of M. Curie: *So far as I am concerned, I do not believe in the action of infinitesimal doses, or at least I have doubts of it.* I cannot pass over this expression of opinion of my *confrère* without experiencing a lively emotion. It amounts to saying that it is not true that infinitesimals exert any action. The inference tends to nothing less than a denial of all homœopathic tradition. If infinitesimal doses have no effect, it is incumbent upon us to burn all the works of our predecessors, and shut up our apothecary shops. But, what is more, we are forced to conclude that our predecessors were, what we have been called—either charlatans or the victims of delusion. For, here is not a question of doctrine, but one of fact; and as to this question of fact, one cannot continue sixty years in error without cherishing that error wilfully, or through stupidity.

M. Curie attributes the success obtained in our practice to the natural course of disease. But we believe ourselves to be acquainted with the natural course of disease, and at the same time to know how to distinguish its phenomena from the effects of remedies.

M. Curie. This is not the first time that I have announced my views, and you have kindly decided that there is no incompatibility between them and the title of homœopathist. I undertake, also, to reconcile my difference of opinion with the respect I profess for our predecessors. I can disbelieve in infinitesimal doses, and yet believe that our predecessors in homœopathy were very honorable and very intelligent. Besides, were I disposed to vilify them, should I not find in my path my own father, not to mention myself? For, I have been a believer in infinitesimal doses, and if to-day I explain otherwise the facts which formerly appeared to me to militate in their favor, I do not for all that think that I have been hitherto an idiot. It would doubtless be useless to dwell longer on this subject. I will, however, abuse your indulgence a moment more, in order to explain more clearly my manner of confronting this question, which has the power of so arousing our feelings. The following is my *credo*.

I believe that there is nothing ridiculous in entertaining the idea of the potency of infinitesimal doses. I believe there is nothing impossible in the proposition that succussion might develope new properties in drugs; or that they, when diluted, might be able to transmit their therapeutic potency to the vehicle which contains them. I can easily conceive that, in view of the imponderability of miasmata, it should be admitted that drugs seem to act in imponderable doses. I admit, in one word, without enumerating all of them here, the value of all the arguments invoked in favor of the possible action of infinitesimal doses. But because the activity of these doses is possible, it does not follow that it is a fact—that it is demonstrated; and as my personal experience is not in its favor, I shall await its demonstration in the future. Till such demonstration appear, I shall consider such doses to be inert. I admit, however, the superiority of infinitesimal doses in diseases, if their results be compared with those furnished by the perturbating action of what is called allopathic medicine. I admit still more. I admit their superiority over the stronger doses of the dissenting homœopathists, when the latter make mistakes in the selection of remedies; and I add that it must happen to them more often to make such mistakes than to hit right. Thus, in fine, I could even admit the superiority of the results obtained by my *confrères* as compared to mine, without weakening my conviction that it is not these doses which are concerned in the cure of a disease, but nature, which is not interfered with, and which avails the more in proportion as the remedy is inert.

M. Simon says the point is one of fact and not of doctrine. I have already said what I thought of his argument on the questions of fact. But, I cannot hear him say that it is a simple thing to know the course of a disease without being astounded in my turn, so far from simple does such knowledge appear to me. The same malady cures or kills in all its stages; its progress is slow, or it is rapid. In those, the course of which we know the best—the eruptive fevers—you cannot tell from hour to hour, or even from day to day, what is going to happen. Therefore, what ground have you for affirming that it is to your remedy you owe either a cure or an exacerbation? Your assertion will not pass in science until you have submitted your treatment to the numerical criterion. An isolated case has little value.

Have you fulfilled the conditions required by the exact sciences? Where are the works of which you speak? For myself, I do not know them. I know not a single disease of which the homœopathic treatment has been fully elucidated; and if you take the symptomatology alone, there is not a single clearly settled group of symptoms upon which you would be agreed, or the treatment of which you have laid down in a sufficiently precise manner to enable a physician, though well disposed in the matter, to verify the action of any of the drugs you may have mentioned. It is the same with the dose.

Until these conditions of precision have been fulfilled, whether from a clinical or a physiological point of view (and I regret to remind you that you have not been willing to lend yourself to a course of experiment that you yourself judged sure and easy)—until then, I beg permission to wait in a position of negation or of doubt.

M. Cretin. I am surprised at the astonishment and the emotion of M. Simon. M. Curie was able for a time to credit the activity of infinitesimal doses. Then, led by his personal experience, he was induced to deny that activity, or at least to doubt it; but it is evident that he speaks here only of a scientific doubt, ready to give place to a contrary conviction if you should furnish him with facts in proof of it. I find ground for still further astonishment when I call to mind the first article of our regulations. What does it say? That the Society admits to its membership not only those physicians who believe in the infinitesimal doses, but also those who concede that in any sense homœopathy has been an advance; those even who do not believe in—who do not assent to—the law that like cures like *(la loi des semblables)*, save within certain limits, and who do not see in that law the alpha and omega of medicine.

If by the mere fact of declaring himself a homœopathist, that is to say, of accepting the law that like cures like, one must become responsible for the contradictory opinions of Hahnemann and his disciples, I should be the first to withdraw.

M. Léon Simon fils. I entertained no purpose of exclusion. I only thought that if the first article of our regulations authorized an attack on homœopathy in a denial of the activity of infinitesimal doses, we had, on our part, the right to maintain our opinion, and to declare that Hahnemann had not uttered so many errors as had been attributed to him.

I would reply, also, that I did not accept the proposal to make the experiment suggested, because it would only have served to start other objections.

M. Jousset. Setting aside personal allusions, and confronting the question in a more comprehensive manner, it seems to me that we arrive at the following conclusions, viz.: that homœopathy has entered into a new phase—a phase of criticism, no longer the passionate criticism of our adversaries, but one coming from its friends, the well-wishing critics who demand only that every fact should be submitted to a severer test than hitherto. I am rejoiced, for my part, to see this path entered upon, and am not astonished, like M. Simon fils, that M. Curie has expressed himself in a state of doubt. In fact, if we consult the *materia medica*, we find in it a vague mass of numerous symptoms, often contradictory or puerile; a medley of morbid phenomena, either clinical or relating to pathology, between which no distinction has been drawn. If, now, we examine the clinical facts which have been published, we find among them a great number of reports of cases, faulty at their foundation, that is to say, in the diagnosis; and showing often gross ignorance in that respect. These are certainly considerations which do not invite belief. But, this is only one side of the question. It is quite true that there is room for criticism. Nevertheless, I believe that if pains be taken to examine the symptoms in the *materia medica* and to compare them with the investigations relating to toxical action (*Observations toxiques*) the conviction will follow that the descriptions of cases given by Hahnemann (*Observations de Hahnemann*) rest upon a basis of truth. Here, then, is a point in their favor. Now, from a clinical point of view, if we find a great number of reports of cases imperfectly observed, it becomes us to say, that by their side are others which are the reverse, and which are presented by persons who are the embodiment of science and honor. There is still another class of tests, consisting of those which occur in our daily practice. We see, in a general way, that by employing infinitesimal doses, and relying in our choice of them upon the law that like cures like, we succeed in curing a great number of patients; and as this success is repeated numbers of times, it tends to exclude ideas of coincidence, and inclines us to believe. Unfortunately, in this order of tests, there is a great defect. It serves only the practitioner himself. It brings about our personal conviction alone. How say to another, "Practise in this way eight years, and you will end by believing"? There are, meanwhile, differences among us as to facility of conviction, and I can easily understand them. Certain minds are inclined to doubt. They are seekers after truth, who are useful to us by forcing us to observe accuracy in our works. These minds doubt, where others affirm. They exist in the allopathic school as well as in ours. Is this tendency to doubt a good quality or a defect? It is not for me to decide the question. I only say it is easy to understand the fact.

M. Cretin. There are names whom we are accustomed to respect, and whom the discovery that they had fallen into errors does not cause us to despise. We can, then, speak without fear. Well! why do we no longer effect the same results which they once produced? They were able to cure grave chronic diseases, which others had abandoned. Why are we not able to repeat these cures? I recollect one of our veterans in homœopathy saying to me, while speaking of his early days, "We then used to cure phthisis." But, when I presented consumptives to him, we did not recommence such cures. In that fact I see cause, not to suspect the truthfulness of a master, but perhaps to distrust his enthusiasm of a novice (des debuts). If, now, we must refer to homœopathic literature, what literature is that which M. Simon fils fears to see burnt? We find in it such cases as the following: consumptions in the third stage cured by *pulsatilla* in the thirtieth dilution! The report of cases is given, I believe, by M. Godier, in the Journal of the *Gallican Society*. By means of the same *pulsatilla* in the thirtieth dilution, we see it alleged that changes of presentation in labor are brought about!

M. Léon Simon fils. MM. Dervillez and Hureau have seen it a hundred times.

M. Cretin. Nothing could be more simple, then, than to demonstrate it to us.

M. Léon Simon fils. Do not the allopathic physicians do the same thing with ergot?

M. Cramoisy. They never employ it in dystocia.

M. Cretin. I do not deny the fact alleged. But, I do say that it is difficult to admit it. Yet, difficult as it may be to believe, I, like my friend Curie, whose phraseology leaves no room for any ambiguity, require only proof of it to yield my conviction. I do not deny—I only demand proofs before believing. I say, then, what you have done millions of times why not do once more? Since the occurrence is so common, why refuse to place it before our eyes? Herein is the reason why I do not comprehend the refusal of M. Simon, when the proposal was made that he should demonstrate to M. Curie the action of *calcarea*.

Now M. Jousset, after having severely criticized the *materia medica*, tells us that we can convince ourselves of its reliability by noting the agreement between the symptoms that Hahnemann has given us and the toxicology. M. Jousset has not borne in mind the fact that Hahnemann has nowhere indicated the doses he employed,* and, by consequence, that his argument cannot be invoked in favor of infinitesimal doses. We have, in fact, no indication from him on this point, save in his first work (Fragmenta de Viribus), and then he employed appreciable doses. But when once he is occupied with grand induction, he says nothing definite about the doses employed. There, then, is a hiatus which permits of doubt. M. Jousset has said there are minds inclined to doubt, which deny where others believe. Yes! but there are also minds which are too credulous. The true spirit of the experimental method is equally distant from both these classes. What we desire here, in fealty to our agreements, is to elucidate questions, not which divide us, but which do not in themselves furnish obvious answers. Among these questions is that of infinitesimal doses. For my part, I am disposed to admit in some cases, to deny in other. What I desire is, that any explanation should be sufficiently clear to impress itself upon others.

M. Léon Simon fils. As far as I am concerned, I do not at all regret having brought about this discussion. M. Cretin demands of us why we do not reproduce the marvellous cures of earlier days. I reply that what was done in former times we do now. We do not cure phthisis, or incurable diseases, where an organ is destroyed. But, if I open our annals, I see that we cure bronchitis, eczema, &c. In fine, we do what our predecessors did. M. Cretin speaks here of the doses employed in researches relating to pathogeny. Turning to those experiments, I see that not only Hahnemann, but also the Society of Vienna, did not employ high dilutions. And Hahnemann says, in his *Organon*, that the latter have but little effect on the healthy subject.

The action of infinitesimal doses has been confirmed, especially in therapeutics. And I believe that it is necessary to preserve this distinction—that a dilution which can exert no action on a healthy, may influence a diseased organization.

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* In his investigations as to toxical action is obviously the meaning here.—Ed.

M. Curie. I myself drew this distinction during the discussion carried on by Messrs. Imbert and Castelneau, which was to have been followed by a series of experiments, of which I, for my part, have heard nothing since that time. On that occasion I said, "even if experiments should decide, contrary to the assertion of M. Imbert, that *arsenic* exerts no physiological action in the sixth dilution, that would in no wise prove that it was not capable of therapeutic action in the same dose." My *confrère* might have thence perceived that I do not reject infinitesimals as a foregone conclusion.

M. Cretin. As for myself, I have not been fortunate personally, so far as concerns the use of infinitesimals in eczema, and I have not seen Pétroz more successful.

M. Léon Simon fils. I have effected cures of it with them in adults.

M. Cramoisy. I have, without difficulty, cured eczema in the dry form with *manganum*, but I have had much trouble in curing moist eczema, especially eczema rubrum. I am obliged to employ external remedies.

From this discussion it appears—

1st. That infinitesimal doses are far from being recognized by our dissenting associates.

2d. That, though Hahnemann used them in his practice, there is nothing to prove that he employed them in his physiological researches upon drugs.

3d. That the following opinion of M. Curie deserves to be reflected upon by all physicians of all schools, since it is a free translation amplified, of the words of Hippocrates—*Natura medicatrix*; "I admit, however, the superiority of infinitesimal doses in diseases, if their results be compared with those furnished by the perturbating action of what is called allopathic medicine. I admit still more. I admit their superiority over the stronger doses of the dissenting homœopathists, when the latter make mistakes in the selection of remedies; and I add that it must happen to them more often to make such mistakes than to hit right. Thus, in fine, I could even admit the superiority of the results obtained by my *confrères* as compared to mine, without weakening my conviction that it is not these doses which are concerned in the cure of a disease, but nature, which is not interfered with, and which avails the more in proportion as the remedy is inert."

4th. That the system of medicine called homœopathic rests exclusively, according to M. Cretin, upon the law that like cures like. M. Cretin adds, also, that this law should be received as applicable only within certain limits.

If it were possible for our dissenting fellows to entertain this law to a certain extent, and to treat the physiological and clinical action of drugs with a certain measure of precision, as was said by M. Jousset, it might accrue to the benefit of science, as well as of practice, and lessen the distance between honorable associates. (Signed) Dr. Martin Lauzer.

In the brief comment appended to the above discussion in the *Union Médicale*, it is declared that the terms "homœopathy" and "homœopathist" have no longer any reason for existing; and that the "too protracted mystification of infinitesimal doses is dead, the intelligent homœopathists having just interred it."* We would subjoin as an epitaph—

SIMILIA SIMILIBUS CURANTUR.

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* Since the above translation was completed, we have seen, in the *Union Médicale* of March 5, 1867, a "réclamation," in the form of a letter addressed to the Editor, and signed by Drs. Cretin, P. Jousset, and Curie. In this letter the accuracy of the report is not called in question, but a reply is given to the short commentary upon it we have quoted from. The substance of the reply is to the effect, that homœopathy is not dead: that the efficacy of infinitesimal doses has been questioned by homœopathists from the earliest disciples of Hahnemann to the present day; and that it is possible to be a homœopathist without being an "infinitesimallist." Homœopathic medication, according to the signers of the "réclamation," rests upon "a constant relation" between the physiological and therapeutic action of drugs.

Calx Saccharatum, Syrupis Calcis. Messrs. Editors,—I enclose a letter from Dr. Squibb, of New York, which I received with some lime prepared with sugar. I trust that those who have undertaken to make the syrup and failed, will not be discouraged. I must caution against the use of the article in pill or dissolved in water, as it will produce nausea, or even a caustic effect. It should be given in milk. I have used it in doses as large as forty-five (45) drops every two (2) hours. Generally, thirty (30) drops every three (3) hours have been sufficient. I have never found alkaline urine to follow its use, no matter how large nor how frequent the dose. Very truly yours,

Boston, March 31, 1867. Chas. E. Buckingham.

Dr. C. E. Buckingham, Boston. *Brooklyn, March* 16, 1867.

Dear Sir,—Your paragraph, on the back of the reprint from the Boston Medical and Surgical Journal, came duly and has occupied me ever since, though it gave you little trouble to write. On the authority of the books generally, I did not know whether you or they were wrong, and to determine this had to go over the subject practically. I will not trouble you nor take up my time with any detail, but give you the results to use as you see proper. Sucrate of lime is a very definite thing chemically, and is soluble to any extent in solutions of sugar. To make it, it is only necessary to have lime, either caustic or hydrated, no matter which, associated with about three times its weight of sugar; but to render it soluble an additional proportion of sugar is necessary. The best proportion, practically arrived at, was one part caustic lime (or two parts hydrate or slaked lime), with eight parts of dry white sugar, rubbed together and poured into ten parts boiling water, and boiled a few minutes; then diluted with forty or fifty parts of cold water and filtered through white paper, and the filtrate evaporated until the residue is quite brittle when cold. This is then rubbed to powder, and best given in pill. The powder is, however, perfectly soluble in water, and if properly dried will contain between 8 and 10 per cent. of its weight of caustic lime. The powder may be dissolved in milk or any watery vehicle. A very good formula is to take of good clean well burned lime 400 grains, dry granulated white sugar 3200 grains. Triturate well together in a mortar, and then add the powder to f℥ viii. of boiling water contained in a proper vessel (well tinned iron or bright copper answers), and boil the mixture with constant stirring for five minutes. Then dilute to two parts with cold water, and filter through white paper. Finally evaporate to whatever consistence may be desired. If the evaporation be carried on until the liquid measures a pint, each fluid ounce will contain about 24 grains of caustic lime, and this is about as dense a syrup as can be conveniently dispensed. If carried to f ℥ xii. each fluid ounce will contain about 32 grains of lime or 4 grains to the fluidrachm. But this syrup is too thick for convenient management in dispensing. If the evaporation be continued to dryness, great care must be taken to avoid discoloration and scorching as the fluid thickens and tends to bake on the bottom of the vessel. As it thickens it must be stirred continuously and kept from adhering to the vessel until all becomes translucent, tough and ropy. It finally becomes so tough as to be very difficult to stir properly, and when a small thread of it on cooling becomes very brittle and capable of being rubbed or crushed into small particles between the thumb and finger, the heating may be finished. When cold and brittle it should be rubbed to fine powder, and this powder, according to the extent to which the drying has been carried, will contain from 8 to 10 grains in the hundred of caustic lime.

The process is simple and easy, and requires so little skill and dexterity that any ordinary pharmaceutist of the most limited acquirements will be able to make it without difficulty.

With this statement and with the samples sent you by express to-day (expense paid) you can have no difficulty in getting it made by any one of the many good pharmaceutists in Boston. Yours, &c. E. R. Squibb.

Some further remarks on this subject, we are compelled to defer till next week.

Springfield Society for Medical Improvement.—If the Editors of the New York *Medical Record* will look again at the notice of this Society, which it copied from the Boston Medical and Surgical Journal, interpolating Illinois as its habitat, it will see that Springfield, *Massachusetts*, is its local habitation. We are unwilling that our enterprising and industrious friends in that beautiful city should lose the credit of their professional zeal by being thus transplanted to the far West.

At the late annual commencement of Jefferson Medical College, Philadelphia, the medical degree was conferred on 150 graduates. Dr. Biddle delivered the valedictory address.

The Medical Department of the University of Maryland lately held its commencement exercises at Baltimore, when there were 75 graduates.

In the Medical Department of the University of Nashville, Tenn., the class of 1866–7 numbered 192; and the graduates, at the commencement on March 1, 56.

At the Miami Medical College, Cincinnati, Ohio, the graduating class at the annual commencement on the 1st of March, numbered 39.

The Ohio Medical College, Cincinnati, at the same time conferred the medical degree on a class of 47; and the Charity Hospital College of Cleveland, Ohio, held its commencement exercises with a graduating class of 25.

At the forty-sixth annual commencement of the Philadelphia College of Pharmacy, the degree of Graduate in Pharmacy was conferred on 42 candidates.

The commencement exercises of the Chicago Medical College were held on the 4th and 5th of March, the graduating class numbering 28, who received the degree of M.D., and the honorary degree was conferred on 5 other gentlemen.

Efforts are making to organize a State Medical Society in Western Virginia.

Dr. Triquet, the distinguished writer on aural surgery, in Paris, died in January last, in the forty-third year of his age.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, March 30th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	43	31	74
Ave mortality of corresponding weeks for ten years, 1856—1866	42.8	36.5	79.3
Average corrected to increased population - - - -	00	00	87.59
Deaths of persons above 90 - - - - - - -	0	0	0

Surgical Cases in the Massachusetts General Hospital—Correction.—The third case, published in the present number on page 171, should have been printed as occurring in the service of Dr. Henry G. Clark.

Books and Pamphlets Received.—Backbone, photographed from the "Scalpel." By Edward H Dixon, M.D. New York: Robert M. DeWitt.—A Treatise on Vesico-Vaginal Fistula. By M. Schuppert, M.D.—Fibrinous Bronchial Casts. By Stephen Rogers, M.D.—Seventh Annual Report of the Directors and Officers of the Longview Asylum for the Insane, Ohio, for 1866.—Transactions of the Vermont Medical Society for 1866.—Researches upon "Spurious Vaccination." By Joseph Jones, M.D. 1867.

Communications Received.—Mental Toxicology.—Weaning.—Excision of Joints for Traumatic Cause.

Deaths in Boston for the week ending Saturday noon, March 30th, 74. Males, 43—Females, 31. Apoplexy, 1—inflammation of the bowels, 2—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 2—burns, 1—cancer, 2—consumption, 17—convulsions, 2—diarrhœa, 1—diphtheria, 1—dropsy of the brain, 2—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—hernia, 1—infantile disease, 3—congestion of the lungs, 1—inflammation of the lungs, 1—marasmus, 2—measles, 1—neuralgia. 1—old age, 1—rheumatism, 1—scalded, 1—smallpox, 7—disease of the spine, 1—suicide, 1—teething, 1—unknown, 9—whooping cough, 4.

Under 5 years of age, 25—between 5 and 20 years, 15—between 20 and 40 years, 17—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 52—Ireland, 17—other places, 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxxvi. Thursday, April 11, 1867. No. 10.

CONTRIBUTIONS TO DERMATOLOGY.

By Silas Durkee, M.D., of Boston.

[Communicated for the Boston Medical and Surgical Journal.]

No. I.—Eczema.

A discrepancy of views has recently sprung up among dermatologists with regard to the position which this cutaneous affection should occupy. If its elementary type is selected as our guide, its general claims to be considered a vesicular lesion admits of no rational doubt. It is true that the original pimple, in some very mild cases, does not advance to the size and maturity of a perfect vesicle, as exhibited in ordinary examples of eczema. There is an arrest of development, and the eruption simulates lichen. In such instances, it is usually disseminated sparsely along the dorsal aspect of the forearm, on the neck, chest, &c. To the unaided eye of the observer there is perhaps no evidence that it is anything more or less than a true lichen; whereas, if these doubtful specimens are punctured with the point of a needle or lancet, their watery contents will frequently follow the operation, and thus afford ocular demonstration that the eruption is vesicular. But if they yield no serous fluid, they are only exceptional cases, and do not militate against the views of those who consider a vesicle to be the characteristic mark of the primary lesion of the disease under consideration. Occasionally, eczema is complicated by lichen, and hence we have an eczema lichenoides or lichen eczematodes, in which the characters of the two eruptions are blended together—vesicles and papules.

Eczema usually exhibits three different and well-marked stages in its history. The first is that of erythematous inflammation, more or less severe, with the superaddition of vesicles; the second consists in the formation of thin, yellow, superficial incrustations, formed in consequence of the bursting of the vesicles and the drying up of their contents, which occupy the adjacent excoriated and exudative surfaces; in the third, these incrustations disappear, the inflammatory action subsides, and the affected integument is covered with scales, resembling in character those of ordinary healthy epidermis. All these different stages may be present at the same time on the same person—the eruption commencing in one spot, while in another it has passed through its several phases and nearly disappeared.

Without invalidating the above remark with regard to the different stages of the disease, it may be stated in this connection that individual cases occur which show that the period during which vesicles continue to be developed is extremely variable—sometimes lasting only a day or two, while in other instances it is prolonged by the occasional appearance of a few vesicles throughout the whole course of the eruption.

Eczema in Children.

Although this eruption has the same starting points in the very young and in the adult subject, yet its physiognomy in the former differs somewhat from the features which characterize it in the latter. In the infant, its simplest type commences with small, slightly raised vesicles, sometimes closely crowded together and sometimes isolated. In a few hours, these vesicles become more prominent and transparent, and are free from any well-marked inflammation or redness at their base. In four or five days, more or less, they burst, and a discharge of a serous, limpid fluid is poured out upon the adjacent skin. Anon the discharge becomes turbid and less copious; the ruptured vesicles dry up; and, to an observer not entirely familiar with the natural history of the eruption, it might seem that it was at an end. Instances of this kind do occasionally present themselves, but, in a great majority of cases, the malady is of a much more serious and persistent form. Successive crops of vesicles arise; the adjacent integument is inflamed, and the serous exudation desiccates into yellowish laminæ, which adhere closely to the subjacent tissue. The eruption may be quite circumscribed, and occupy but a very limited portion of skin, as, for instance, the summit of the scalp, or about the ears, the face, the arms, the hands or feet; or it may cover the entire surface of the body and limbs, and maintain its hold upon the little sufferer for several months, with repeated alternations of transitory amendment and relapse, whatever remedial measures may be used for its radical and perfect cure. But although with regard to its obstinacy and chronicity it may not be unlike what we meet with in the adult, yet the diseased skin of the infant with this complaint never presents that thickened, hard, œdematous, infiltrated, furfuraceous condition so common in chronic eczema in persons of mature life. The most extraordinary examples of the abnormal features here spoken of are to be found in aged people, especially when the morbid action has implanted itself on the lower limbs. These remarkable transformations of the cutaneous membrane, which every physician must often have seen in individuals of advanced age, are but the ulterior expression of the same diathesis which exists in the infant during the period of lactation, and which manifests its initial presence in a superficial group of acuminate vesicles. The contrast is indeed great, and the medical philosopher finds in it a theme for profound study.

Of all the diseases that invade the human skin, eczema constitutes more than one third; and in children the hairy scalp is its most frequent locality. Perhaps, for all practical purposes, it will be sufficient to consider the eruption under two principal varieties or forms, namely, the acute and the chronic. These terms are easily understood; and, by employing them, all danger of confusion, misapprehension and obscurity of language is avoided. It generally makes its first appearance in the young subject at about the fifth or sixth month, that is, the period of the first dentition; sometimes much earlier. It breaks forth without any premonitory symptoms, except, perhaps, a slight itching of the parts. The vesicles burst about the fourth or fifth day of their evolution, and if the scalp is the part implicated, the hairs become agglutinated; and as the semi-opaque secretion from the ruptured vesicles continues to flow over the surface, which soon becomes inflamed and irritated, soft, small incrustations are produced. There is now considerable heat and redness in the parts. The fœtid serosity oozes out almost constantly from beneath the incrustations; and when these are removed the surface is found to be inflamed, and from the open pores, on the site of the ruptured vesicles, the acrid secretions can be plainly seen to escape. The incrustations are reproduced in quick succession. They are irregular in outline, and are sometimes lamellar and imbricated, sometimes thin and soft, sometimes depressed, unequal, smooth, or rugous, and are usually moistened by the viscid secretion to which their formation is due.

Throughout all the active stages of the disease there is violent itching, which is apt to be more intense during the hours usually allotted to sleep than at any other time. The child scratches itself with a vehemence which it is distressing to witness. It forces its nails into the affected skin and tears off the cuticle in every direction; and, as a consequence, it is no uncommon thing to see the blood and serum trickling down along the lacerations thus produced—and for the time being we have no means of appeasing the irritation and suffering.

It is a singular fact that, notwithstanding the severity of the complaint in children, it is seldom that it produces any permanent modification of the normal structure, such as baldness of the scalp, or cicatrices in other portions of the cutaneous integument; whereas, in the adult, it is not uncommon to meet with alopecia, more or less extensive, as one of the consequences of the disease.

It has long been a popular tradition, and many learned practitioners of the present day entertain the opinion, that, if the serous discharge of eczema is suddenly arrested, the brain or some other vital organ will be endangered and the life of the patient sacrificed. Other physicians reject this theory as being entirely fallacious. We once entertained the latter view of the subject, but as time has given us more extended opportunities for clinical observation, we have found occasion to modify somewhat our former views. If the excrementitious matter of eczema and other exudative eruptions in a young child is profuse, and has continued for some months, and is suddenly arrested, either spontaneously or through remedial measures, the result may be prejudicial to the welfare of the patient; more especially if the scalp is the seat of the eruption. In the adult subject there is little or no danger from a repulsion of the eruption. But with children, in whom a slight disturbing cause is not unfrequently productive of serious mischief, the case is quite otherwise, as clinical facts bear witness. Whoever has had much practical experience in the management of children suffering with the disease under consideration, cannot have failed to observe instances where the exudation has suddenly stopped, and the general condition of the patient has been thereby apparently rendered more uncomfortable and unsatisfactory. Mothers and nurses not unfrequently report that when the eruption has become crustaceous and dries up rapidly, the child seems to lose appetite, is more restless and feverish, and that the normal organic functions are performed with less regularity than when there is a free discharge; and one can hardly resist the conclusion that this discharge seems to act, for the time being, as a safety-valve to the system. The danger produced by the too sudden arrest of the secretion is rendered still more apparent by the fatal cases recorded by different authors. M. Caillault,* an excellent French writer, relates the case of a child two years of age, which suffered for many months from a vesicular eruption "in a very high degree." The health was good, the external aspect, excepting the eruption, was highly satisfactory. Topical applications of the oil of cade were prescribed, with the caution that it should only be applied to a small surface at once, so that the cure might progress gradually. The nurse, in her misplaced zeal, covered with it the whole face and a portion of the scalp. Twenty-four hours after the sudden stoppage of the abundant secretion, the child was attacked with catarrhal pneumonia, so rapid in its progress that nothing could check it. M. Brequet has witnessed an analogous case, in which death supervened from a cerebral affection. Recently there was in one of the wards of the Hospital for Sick Children, under the care of M. Sée, of Paris, a boy six years of age, with a dartrous affection of the face; every time the eruption disappeared, the patient was seized with a violent attack of asthma. Such cases as these are doubtless rare, and we would not by any means attempt to magnify their importance in connection with the subject before us; nevertheless we may find in them, and in other instances of less gravity, sufficient grounds for cautious therapeutic measures in our dealings with the disease in question.

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* Diseases of the Skin in Children.

Dr. McCall Anderson says:—"I have rarely witnessed any bad effect even from the rapid removal of the disease. That deleterious effects are occasionally witnessed, however, I am quite prepared to allow."—Page 45.

Burgess, in his "Treatise on Eruptions of the Face, Head and Hands," remarks:—"It should be borne in mind that in children particularly, eczema of the face and head is often a salutary discharge, which it is dangerous to heal suddenly."—Page 33.

There exist in science so many facts of this kind, which have been collected by practitioners of every period, and which, consequently, are above any suspicion of preconceived theory, that it is impossible not to admit the relation of cause and effect between the sudden stoppage of the plastic exudation and the production of various diseases which suddenly appear. Moreover, both physiology and pathology can account for facts of this kind.—M. CAILLAULT, p. 57, 2d English Edition.

It is not difficult to discover in the premises a sort of quasi-physiological function which may not be rudely assailed with impunity; we likewise perceive, as we do in measles, scarlatina, urethritis, parotitis, &c., certain relations of equilibrium and bonds of sympathy between different organs and tissues, which, although not always well understood, we know to exist both in health and disease.

In spite of the best treatment that can be adopted, eczema is exceedingly prone to pass into a chronic state, and to be prolonged for many months or even year after year, with only occasional exemptions from any actual manifestations of its presence. Each season of truce is interpreted by the immediate friends of the child as indicative of the final subsidence of the malady; but not many months pass before there is a renewed attack, and a very remarkable morbid condition ensues.

We will assume now that the eruption has become chronic. The observer notices, at a glance, that it presents a variety of aspects; and the several anatomico-pathological elements which appear simultaneously on different parts of the surface offer no little embarrassment to his judgment, as to the appropriate nosological position in which the eruption should be placed; for, taken as a whole, it consists, so to speak, of a heterogeneous multiform character which seems to be unconformable to any exact and classical nomenclature of the dermatologists. For instance, the physician is called for the first time to see a young child which has had for some weeks a cutaneous eruption, commencing with a small circumscribed blotch of pimples, causing but little disturbance at first, but soon augmenting in size, becoming vesicular, itchy, and yielding an ichorous discharge which irritates the neighboring skin, which in turn takes on a similar action; and thus the local disease spreads in all directions. From the account given by the nurse of the development of the disease, it is evident that its primal type was eczema papulosum; but it is seldom that eczema presents the simple attributes here enumerated, or that it can be represented by one single term; and accordingly, in the case supposed, the physician finds that different portions of the skin are occupied by eruptions which are seemingly different as elementary lesions; and it is only by patient study of these several existing forms or varieties that any embarrassment or confusion of judgment can be cleared up, and that he can be reconciled to the theory and the fact that each one of the different phases of the eruption in the case before him is to be regarded as a true representative of eczema. They simply constitute the several pathological conditions of the skin arising during the progress of the disease; and they fully justify the appellations which the ablest writers on cutaneous pathology have employed, but which to the general practitioner may sometimes appear superfluous and obscure. But let us look at the supposed case before us more minutely. The eruption is general. Its leading feature in one place is extreme redness. This is a specimen of eczema erythematosum. In another portion of the skin, it is raised into little papules as a leading mark. Here the case is an eczema papulosum. In another part of the skin, vesicles constitute the prominent sign or condition, and we have an example of eczema vesiculosum. In still another region, the exudation may be excessive and constitute a leading feature, and then we have an eczema ichorosum. If pustules are scattered here and there within the precincts of the diseased surface, as is very frequently the case, then eczema pustulosum or impetiginodes is the appropriate name. If the morbid action has continued a long time, and a dry, scaly condition of the epiderm is a chief characteristic, then it is an eczema squamosum. When this last named variety is seated on the scalp, the hairs are frequently enclosed in the glossy, thick, silvery scales throughout their whole length, at the same time forming them into little delicate meshes; and this condition led Alibert to compare it to asbestos, and is described by him under the name of *porrigine* amiantacée. Chronicity is one of its most constant and undesirable attributes. It has sometimes been mistaken for pityriasis, and it is by no means always easy to point out the difference. There is, however, a difference. The scales of the former are thicker than those of the latter. They have always been preceded by a more or less humid condition of the scalp; whereas this is not the case with pityriasis, which is a strictly squamous affection from the beginning. The scales in pityriasis are also thinner, drier, and more adherent than those of eczema.

Eczema squamosum usually appears at a later period of childhood than the other varieties; and is in reality but a sequel of some other form of the eruption which has probably existed for a long time. The different appearances presented by eczema in the course of its development and progress fully justify the names above given to its different forms. They show that the eruption undergoes several metamorphoses, but does not lose its identity; it is still eczema; and the idea that it has changed its character so as to be called with propriety by any other name, as impetigo, porrigo, tinca, psoriasis or pityriasis, is entirely erroneous. It seems unphilosophical to hold that one disease can be converted into another, and yet Wilson leans to this view.

Some dermatologists make still other varieties of eczema, according as it is partially developed in certain situations; so that we have, for instance, eczema capitis, eczema aurium, eczema palpebrarum, eczema pudendi, eczema perinæi, eczema digitorum, eczema inguinum, &c. The foregoing varieties or divisions are appropriate ones, and, by adopting them, we avoid circumlocution. They might be extended still further, but perhaps those already given will suffice.

In some quite severe and obstinate cases, where the child is naturally robust and well cared for, the mucous membrane remains undisturbed; while in other cases the mucous lining of the nose, eyes, mouth, bronchial tubes, and alimentary canal affords unmistakable evidence of participating to a greater or less degree with the cutaneous affection, in the excessive mucous or catarrhal discharges from these parts. The lymphatic cervical and axillary glands are generally swollen, and give rise to chronic adenitis which not unfrequently advances to suppuration. In not a few instances, especially among the poorer classes, where the child is subjected to unfavorable hygienic influences, there is evident malassimilation; the patient becomes anæmic, wastes away, the muscles become soft and flabby, and if the patient possesses a pyogenic diathesis, the deeper portions of the derma are engaged in the morbid processes. A low degree of inflammatory action sets in; and little abscesses form upon some portion of the scalp, about the ears, in the axillæ, and on the hands, fingers, and toes; and the mother is in a state of anxiety, from the groundless apprehension that her offspring is the victim of that much abused malady—the scrofula.

In a majority of cases of infantile eczema, the disease is traceable to hereditary predisposition. It is usually found, upon inquiry, that one or the other of the parents or grandparents has been affected with the complaint. Deficient lactation or bad milk will bring it out. This fact is not unfrequently illustrated where mothers have a deficiency of nourishment for their children, or foolishly insist upon nursing them for too long a time—some sixteen or twenty months. Dentition is sometimes an exciting cause; so also is vaccination; and physicians are thus wrongfully blamed for using impure matter, because as an occasional, but unavoidable sequel to vaccinia an eczematous eruption supervenes, especially in young children with an excessive lymphatic temperament. The eruption in these cases usually commences near the spot where the vaccine virus was inserted; but at other times at a distance, as on the head, nates, and genitals. The most trivial causes that disturb the normal processes of digestion and assimilation in the young infant are sometimes sufficient to induce the eruption; as, for instance, a chill or a little feverish attack of a day or two, or a sudden fright experienced by the nursing mother.

Mothers and wet nurses, having the care of infants suffering from eczema, often put the question—is it contagious? The attending physician should give a qualified answer. If the eruption, for instance, is on the face or head, and is accompanied for the time being with copious discharge, it is not strange that its irritating qualities should produce a similar eruption on the tender skin of the breast or arm of the nurse in suckling the child; or if she sleeps with it and it nestles up to her, as is usual, she is liable to be affected in like manner. But this liability is to be measured in part, at least, by the susceptibility of the exposed person. Considering the pathological condition of the child, and its relations to the nurse under these circumstances as a source of injury or poison, we are reminded of what may happen when one comes in contact with the poison oak (Rhus toxicodendron). In some individuals of peculiarly delicate skin, it is well known that handling the leaves of this shrub will produce itching, inflammation and vesicular eruptions, similar, although not identical with eczema; while other persons alike exposed do not suffer. In the case of the eczematous child, it is certain that it can and does inoculate itself; and the same acrid discharge, when long or often in contact with the skin of a healthy person, may act as an irritant and produce an eruption. Such instances have transpired within our own knowledge; and it is presumed have been observed by the readers of this communication. And yet, in the ordinary sense of the word, eczema is not contagious.

[To be continued.]

SYNOPSIS OF CASES TREATED AT THE SURGICAL CLINIQUE OF THE BOSTON DISPENSARY, DURING SEPTEMBER, OCTOBER AND NOVEMBER, 1866.

[Reported for the Boston Medical and Surgical Journal by David W. Cheever, M.D., one of the Visiting Surgeons.]

The total number of surgical cases treated during my term of attendance was 1901. Of these there were 400 teeth extractions, leaving the number of surgical cases 1500.

As to the more common diseases, there were—affections of the eye, 80; ulcers, 40; cases of paronychia grava, 22; abscesses, 21; fractures, 18; dislocations, 3; needles extracted, 4; affections of the bursæ, 8; herniæ, 5; several each of enlarged prostate, stricture and retention; and very many cases of phlegmonous erysipelas—making a total of these classes of about 200.

The remaining 1300 cases embraced every variety and grade of minor surgery, and were too numerous to specify.

The average daily attendance was between 30 and 40.

We propose to allude to some of the more interesting cases in detail.

There were six cases of severe alveolar abscess—opening into the nares, on the outside of the cheek, or beneath the chin. In these cases the pus formed at the base of the fang in the alveolar cavity, had bored its way through the alveolus, below the line of reflection of the mucous membrane of the mouth, and had opened externally. Some of these were relieved by extracting stumps of teeth; and one by removing a considerable portion of the alveolar process. Many were aborted, when seen early, by incision or extraction.

Of the eight affections of the bursæ mucosæ, three were over the patella, three over the wrist, one in the sheath of the extensor tendons of the hand, and one was developed beneath the tendon of insertion of the semi-tendinosus muscles.

The early cases were cured either by subcutaneous evacuation of the cyst at several points with a needle, and then applying pressure, or by blistering and iodine externally. Two chronic and obstinate cases were cured by setons, inducing suppuration. The bursa beneath the semi-tendinosus was diagnosticated, and proved by puncture with a grooved needle. It had been thought by others to be a periosteal swelling. Its contents were thick, jelly-like synovia. It was about as large as an English walnut, and the patient was an old man. It occasioned him some inconvenience. It is a rare bursa, and does not usually communicate with the knee-joint, as bursal tumors of the ham are apt to do.

One case of loose cartilage of the knee was seen.

Carbuncles, occurring usually in very feeble and underfed subjects, were incised subcutaneously, and under ether, to avoid the hæmorrhage consequent on dividing the skin, and to lessen the shock. It is very possible that local freezing might have answered the same purpose. The sloughs seemed to loosen and escape equally well with those treated, elsewhere, by crucial incisions.

One case of chancre in each corner of the mouth, in a young girl. Several cases of soft chancres existing both around the anus and the labia, but the former probably the result of filth, and extension from the latter. A paraphymosis, reduced by traction, in a boy four years of age. Gonorrhœa in a lad not ten years old. No cases, this year, of vaginal discharges in young children, ascribed to rape, though several in previous terms of service.

The 22 cases of whitlow alluded to were all of the severe and deep variety. Many of them had become palmar abscesses; and one had sinus extending up the forearm, and ended in amputation. The almost incredible obstinacy of the victims of felon in refusing incision until the suppuration has extended up several phalanges and destroyed the bone, continues the same year after year. It certainly is one of the most lamentable results of ignorance about a curable affection, which affects and impairs the working power of the laboring classes more than any other. Several, threatening deep suppuration, were aborted by early incisions, which relieved tension, and gave exit to more blood than pus. This was particularly the case with phlegmons arising from pricks of fasciæ. A number of felons were opened while chilled by ether or by rhigolene. The latter freezes much quicker and deeper. Pain was annulled when the knife entered; but it seemed to us that the pain of reaction was much more severe than when nothing was used.

We have observed, in connection with the phenomena of fainting after minor surgical operations here, that the patient often goes through a slight epileptiform convulsion before becoming unconscious. This is apparently due to anæmia of the brain. Whether or not this is the precursory state of the brain in true epilepsy, before a convulsion, we are unable to say.

Rhigolene was used a number of times in extracting teeth, with success when the tooth was favorable to extraction at the first moment, but not otherwise.

Of the 18 fractures, there were several of interest. One case, in a child, of apparent separation of the upper epiphysis of the radius from the shaft. Another, in an infant, of evident separation of the lower epiphysis of the radius, simulating Colles's fracture. Both these got good results from treatment.

Partial, or "green-stick," and sub-periosteal fractures of the forearm. Three fractures of the condyles of the humerus. In two, treated in the country, rupture of the external lateral ligament, tilting of the broken condyle outwards, and apparent dislocation of the forearm inwards, on extension. These latter derived no benefit from treatment.

There was one case, in a child, of spontaneous, or natural cure of a fracture of the clavicle, without apparatus, and without confining the arm. It was not known what was the matter with the child until brought to the Dispensary for diagnosis. There was but slight deformity, and a moderate callus; these were enough to verify a fracture, but no more than we often see as the result of treatment. All the fractures of the clavicle were treated by Velpeau's bandage, with the hand raised to the opposite shoulder, and the arm bound to the side in an "*appareil immobile.*" Until this was used, no apparatus could be kept on these children, often young, and always poor and neglected.

We have used, with much satisfaction, the glue bandage of Mr. Morgan. It is made with common boiled glue, to which one fifth part alcohol is added, to keep it. It is applied to the bandage with a brush. It is firmer than starch, dries very quickly, admits of being slit up and having eyelets inserted, and is both cheaper and of easier application to Dispensary patients than the ordinary starch bandage.

Cases of onychia maligna are common among children at the Dispensary. It is a very obstinate affection, and we have several times amputated the last phalanx to relieve a child worn down by weeks of irritable ulceration at the root of the nail. The past season, we attempted to dissect out, under ether, the matrix of the nail, but ineffectually. Although we went both far back and deep with our incisions, the nail began to grow and ulcerate again in each corner. It was now treated with nitric acid, as recommended by Mr. Annandale, but without much benefit.

A young woman presented herself with a singular paralysis following a fall upon the occiput, several weeks before. There was no lesion upon the head. There was paralysis of the levator palpebræ and external rectus of the *right* eye, with an impairment of quick contraction of the iris. Also, paralysis of the *left* facial and *left* hypoglossal nerves. No other paralysis whatever. When last seen, she was improving very slowly. It seems probable that an effusion took place about the pons Varolii, affecting the origins of some nerves on one side and some on the other. The serum was absorbed quickly; but the clots of the extravasation remain, to be absorbed much more slowly.

There was one case of abscess in the ischio-rectal fossa, in a young man, which healed without fistula or urinary trouble, after an early and free opening.

A wretched infant of eight months was brought with prolapse of the rectum, following diarrhœa and whooping cough. This prolapse was of the third, or worst variety described by Mr. Cooper Forster. The rectum protruded several inches constantly; and, when returned, fell down at once, without any power of retention by the sphincter. We concluded, at once, that nothing could be effected without a mechanical support. One was contrived, as follows:—A waist-belt, supported by shoulder-straps of elastic, had, descending from its middle, behind, a spring, like a truss-spring, which curved forwards under the perinæum. To this spring was attached a wooden ring, which pressed upon the margins of the anus. Two elastic perineal straps held it always in place. This was not taken off during defæcation, that being the time when protrusion of the bowel would occur, but kept on constantly, the fæces passing through the ring. The rectum was allowed to protrude every two days, and was painted with perchloride of iron. Relief was immediate and permanent. The apparatus was left off at the end of four weeks. It had occasioned no excoriation.

A case of small, rodent ulcer, of a year's duration, was healed after applying nitric acid fortior.

One case, tapped for hydrocele, gave exit to eight ounces of cloudy, whitish fluid, full of spermatozoa.

Hydrocele in children was readily absorbed by the external use of iodine.

THE PATHOLOGICAL PHYSIOLOGY OF THE BRAIN IN CHOLERA.

By Dr. E. Mesnet, Paris.

[Translated for the Boston Medical and Surgical Journal by Theodore W. Fisher, M.D., Boston.]

During the last epidemic of cholera, through which we have just passed, I have had under observation many cases, the study of which has induced me to assign an important part to the nervous system in the evolution of this terrible disease.

If cholera has remained heretofore unknown in its nature and essence, we have at least clinically established the sad effects which are its invariable characteristics, viz., depression and exhaustion. All the organic functions are in turn attacked, and the patient passes with rapid steps towards collapse and death, unless reaction appears. It is not in external appearances of strength that we ought to seek the measure of resistance to this progress, but rather in the coöperation of those intimate and radical functions of the ganglionic nervous system. With some, the reaction is promptly and energetically established; others remain weak for a long time. The former regain lost ground easily, and are able to ascend the declivity on which their steps have been arrested; the latter succumb without an effort, or die of complications of which cerebral accidents form a large proportion.

Cholera is, then, a disease of two aspects and two periods, opposite and distinct—one of prostration, the other of reaction; both full of peril, and nearly alike as to mortality. To the first belong functional derangements of nervous ganglionic life; in the second occur those cerebral complications to which we wish for a moment to call attention.

Sometimes simple, sometimes modified in character by special idiosyncrasy, or by former habits, which impress on its course particular tendencies, the reaction is so much the better as the functions are reëstablished equably, without undue haste, and with a return of the secretions and exhalations, and as there is awakened in the patient a feeling of hope in proportion to the change in his symptoms. Whenever this has been the case, we have seen our patient leap, as it were, from sickness to health, five or six days sufficing for complete recovery. But the period of reaction, aside from serious complications, at times presented us with isolated phenomena, whose causes ought not to escape notice. There were persons surprised, as it were, by the epidemic while in a moderate state of alcoholic intoxication, who would have had no cerebral trouble had their health not been suddenly affected; but, when seized by cholera and exhausted by vomiting, purging, and low diet, the alcohol was enabled to take effect through the debility of the system.

With three of these cases, we were able from the outset to verify a train of symptoms nearly resembling an inflammatory condition. One of them, attacked five days before, presented himself on the sixth day, with a hot skin, perspiring profusely, the pulse at 108, the expression animated, &c. He had only had the vomiting, purging and cramps of cholera, with no coldness or lividity. About the tenth day his mind, previously intact, was in turn affected; it was not the sluggish perception of the cold stage. There was, on the contrary, loquacity, incoherence of ideas, and soon after hallucinations of sight, which became exaggerated during the night, but showed a tendency to disappear in the morning. Under their influence, he arose and attempted to leave the ward, neither knowing what he did or where he was, his hands trembling, his steps uncertain, his look bewildered. This condition lasted three days, after which convalescence began.

This was really an attack of delirium tremens, such as often occurs during pneumonia. In two other cases, where the termination was no less favorable, the same accidents were developed under the same influence, and in all three the reaction gave evidence of the effects of alcohol. It should be remembered that we did not have to deal with those whose constitutions were exhausted by excesses; they were all vigorous young men, and far from being in a state of cachexia. They even found in the use of alcohol the cause of a hasty reaction.

What we have said, however, does not invalidate the opinion of many authors, and confirmed by experience, that persons in a state of alcoholic cachexia are as quickly and as severely attacked as those enfeebled by any other form of cachexia.

In connection with this group of patients, sustained, as it were, under the depressing influence of the epidemic, let us examine the cerebral state of patients more severely affected. It is sufficient to have examined one such case to be struck with the discord which exists between the nervous functions of animal life and of the life of relation. I know of nothing more touching than the aspect of the stage of collapse, when the patient is continually agitated, his features and skin corpse-like, all visceral action and every organic function apparently extinct, yet preserving his intelligence, and perhaps conversing with you at the last moment. There is no vivacity, his ideas are slow, his memory needs prompting; but his attention gained, one obtains precise information and correct responses. This state is not the coma of cerebral diseases, but a kind of dulness which results from the general exhaustion of organic life. The benumbed senses also play a part in the torpor of the cerebral acts; less sensitive to external excitants, they transmit imperfect impressions, followed by obscure sensations—the hearing is dull, the sight feeble, the general sensibility obtuse.

When the cold stage is modified by approaching reaction, the intellectual faculties lose this dulness. The patient, who has now a clearer sense of his condition, keeps an unquiet eye on all which transpires.

There is no doubt that the commission charged with considering what special care is required by cholera patients, took into account the actual condition of a man lying in a cholera ward, at the moment his mind becomes active. They should have considered his surroundings. What must be the effect on such a patient who sees around him the dead and the dying? Would not the cries and complaints of his neighbors have the most deplorable influence? Would not his courage be shaken, when everything should tend to sustain it? These important questions ought not to have been passed over in silence; besides, the moment the theory of contagion was adopted, classification became necessary. As for myself, accustomed to the study of the influence of the moral on the physical state, and a witness every day to their intimate relations, I have not ceased during the whole epidemic to consider all these questions with great care. Thanks to the convenient arrangements at the Hospital St. Antoine, I have been able to classify my patients according to the stage and degree of their disease, and thus to avoid in a great measure this bad influence. Of the two wards St. Etienne and St. Eloi, entirely separated, the first was exclusively devoted to new cases, while the second was continually occupied by convalescents, or those in whom recovery could be foreseen. Our frequent visits, and attentive examination of each case, morning and evening, enabling us to follow, step by step, the rapid changes of the disease, reduced the sad effects of the want of classification to almost nothing.

I will go still farther, for I believe that the different objects of these two wards, well known to our patients, has served as a stimulus, if not to hasten, at least to keep the reaction in view. As soon as improvement has begun, we have seen them demand to be removed to the convalescent ward, and experience great satisfaction in the promise of it. This desire and the hope of change, opportunely held out, have been powerful aids, which we have used as much as possible to re-awaken the action of those salutary influences which cholera tends to destroy by its depressing nature. The death of two of our patients has seemed to us directly owing to the unhappy moral conditions produced, in one case, by the repeated visits of unfriendly acquaintances, and in the other by the discouragement and demoralization expressed by these words, "*I am lost!*" which he repeated continually.

The functions of the brain, which we have just seen preserved in the midst of the dangers of collapse, may be compromised during the period of reaction, and become, in turn, symptomatic of dangerous pathological conditions. Six of our patients were attacked on the fourth or fifth day of the reaction with symptoms of meningitis. Four of them died and two recovered, but it should be observed that in the last two cases it did not reach its full development. After the application of leeches to the mastoid processes and the use of saline cathartics, the reaction resumed its regular course.

The four cases where death ensued had not been originally severe; reaction was easily and moderately established, and was progressing favorably, when suddenly it became irregular and vacillating. The patient complained of headache, the eyes were brilliant, conjunctiva injected, mouth dry, and soon a noisy delirium, with restlessness, followed. These inflammatory symptoms, together with floccitation, subsultus tendinum, contraction and irregularity of the pupils, at times trismus, and all the time stiffness of the neck and drawing back of the head, had been common to all four.

In two of the cases, there existed from their entrance an anomalous symptom, which testified to a disturbance of the nervous system, already profound. This was complete anæsthesia of the whole surface of the body. This disorder of the peripheral sensibility, which was peculiar to these two cases, and which seemed to be an isolated fact, not in accordance with the other symptoms, early fixed our attention on the possibility of other accidents to the nervous system. It was towards the fourth day of a good and regular reaction that meningitis occurred.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 11, 1867.

THE MULTIPLICATION OF MEDICAL SCHOOLS.

In our last week's editorial we incidentally alluded to this subject, and are tempted to recur to it. During the present session of our State Legislature two new medical schools have been incorporated, and the question naturally presents itself, whether such an increase in the provision for medical education is called for by any existing necessity. Any one running his eye over the long list of similar institutions distributed all over the United States, must feel that the burden of proof as to the existence of such a necessity ought to rest upon those who ask for an addition to their number. We well remember the astonishment with which, in answer to an inquiry made to us a few years since in Vienna by a Hungarian physician, as to the number of medical schools in the United States, our reply that there was "at least one to every State, and in some there were two or even more," was received. "Why," said he, "in the whole Austrian Empire we have but three!" Our national pride did not permit us to weigh the comparative merits of the schools of the two countries; and for aught he learned from us, each one of our numerous lecturing establishments might claim equality with the world-renowned School of Vienna.

But really this is a serious evil—this readiness of our State Legislatures to give the authority to create doctors of medicine to any decent body of petitioners or any incorporated literary institution. It is one of the fruits, no doubt, of our free government, but one which does little credit to the wisdom or enlightenment of our legislators. Far from being an evidence of intelligence and culture, it is a proof of ignorance and narrowness. It comes from a want of knowledge of what a proper school of medicine should be, and a desire, doubtless often well meant, but too frequently most paltry and timorous, to avoid the charge of sustaining monopolies. Thus it has come to pass, that at the very moment when a vigorous effort is being made by the American Medical Association to raise the standard of professional education throughout the land, to require a more thorough literary training before admission to the medical schools, to establish a more uniform system of tuition throughout the States, and thus to create a body of enlightened, thoroughly trained and competent men for the responsible office of guardians of the public health, these efforts are constantly antagonized by the creation of new establishments by our State authorities for the manufacture of medical diplomas, which, for all that the community knows, are just as good a warrant for their confidence and honor as those conferred by the ablest faculty in the land.

If we are rightly informed, the existing medical schools of Massachusetts did not think it advisable, while the question was pending, to offer any direct opposition to the movement of which we have been speaking. We suppose that in adopting this course they were actuated by the feeling that any such opposition would be useless and would recoil upon them to their disadvantage. Very likely this might have been the case; but we are sorry that some effort was not made to enlighten our law-givers as to what a medical school ought to be, and the capabilities of those already existing.

It is an axiom with the medical profession, that no medical school is worthy of the name or should have the right to confer the degree of doctor of medicine, which has not at its command clinical advantages. And yet at this moment the institution of this class which counts the largest number of pupils in this country, is said to be absolutely wanting in this important department. Think of a man's being licensed to undertake the responsible charge of a case of pneumonia or pericarditis with only a book and lecture knowledge of auscultation! It is bad enough for a graduate of medicine to be entirely unacquainted with the physiognomy of many of the commonest cases of infantile disease, such as the exanthemata for instance, as is too often the case—but to be absolutely unacquainted with the interior of a hospital, as we are informed a graduate of the institution we have referred to may be, is an abomination indeed.

We admit that it is a difficult thing to draw the line between an unjust favoritism to existing schools, and a ruinous competition by throwing down the barriers and letting in the whole world to a general scramble for the rights and honors of the doctorate. But, difficult as it may be, it is not impossible; and it is time that those of our profession who have worked hard for and feel some pride in the degree which they append to their names, should make an earnest effort, through the American Medical Association or by outspoken remonstrance and energetic action in their own immediate circles, to stay the progress of the flood which threatens to sweep away everything connected with it which makes it worth having.

Our Catarrhal Holiday.—This is the time to consider, before it is too late, whether we desire to see those misguided *paper wreaths and blue noses* whistling in the inclement blasts of Boston Common on the first of May; a day of conventional and inhuman enjoyment, on which, as Sydney Smith would have said, A decided that B shall agree to enjoy seeing the child C shivering in a white cotton frock and paper flowers. Dr. Jarvis would do good service by collecting statistics of the colds, catarrhs, coughs and diphtherias thus engendered. We now, and here, earnestly advocate the substitution of the fifteenth of May for the present imported holiday, which belongs to an earlier spring than ours. We speak also in behalf of the annual crop of enthusiastic but inexperienced couples who visit the suburbs in fruitless pursuit of flowers, which are wise enough to stay in their beds till warmer weather.

Syrup of Lime in Acute Rheumatism.—Want of space in last week's JOURNAL compelled us to defer a word or two which we wished to append to Dr. Buckingham's communication. We have found great difficulty in getting a properly prepared article in answer to our prescriptions. The difficulty seems to have been, that apothecaries have failed to use *boiling* water in its preparation. Any temperature short of boiling is insufficient, and surely leads to failure. Dr. Buckingham has taken the most effectual method to secure a thorough trial of the new remedy. We learn that he has treated a dozen cases of acute rheumatism during the present season, with syrup of lime alone, and that the average duration of the disease has been ten days. In no instance did he give a single opiate. So many remedies have been vaunted in times past as having special power in this disease, that we are not, nor do we understand Dr. Buckingham to be, oversanguine with regard to this. His special purpose at the present time is to secure, if possible, a widely extended trial of it. We should be glad to publish in this JOURNAL the results of the experience of any gentleman with this remedy which he may be pleased to communicate to us.

A Society of Experimental Therapeutics has recently been created in France, of which the leading members are Professor Trousseau, Dr. Pidoux, Dr. Guéneau de Mussy, Dr. Gubler, Dr. Herard, &c. The chief purpose of the Society is to ascertain, through experiments on living animals, the real properties of active drugs, which clinical observations on the human subject cannot always determine with a sufficient degree of scientific accuracy. Some interesting communications, by Dr. Moreau, the physiologist, on the action of belladonna, were discussed at the first meeting.

Faculty of Medicine of Paris.—By Imperial decree the following professors have just been appointed:—MM. Lasègue, Pathology and General Therapeutics; Vulpian, Pathological Anatomy; Sée, Therapeutics and Materia Medica; Broca, External Pathology; Axenfeld, Internal Pathology; Hardy, Internal Pathology. It is said that Professor Nelaton is about resigning the chair of Clinical Surgery.

Jubilee of Professor Hebra.—Professor Hebra, doubtless the most distinguished teacher of dermatology that has ever lived, having recently completed twenty-five years of instruction in this department (as we learn from the London *Medical Times and Gazette)*, it was determined by his past and present pupils to give him an ovation. On the Professor's entering the lecture-room "he was received with loud cheers by a crowded auditory, and his assistant, Dr. Kohn, delivered an oration, setting forth in emphatic terms how much dermatology stood indebted to his labors, and presented him an address enclosed in a luxurious and artistic envelope." In reply, the Professor reviewed the recent progress of his favorite science, and dwelt upon the stimulus he had derived from the critical and creative mind of Professor Skoda. In the evening, a more limited number of Professor Hebra's admirers honored him with a banquet.

Influence of Hygienic Measures on Public Health. Algeria.—The eminent English hygienist, Dr. John Sutherland, in a letter to Dr. Edward Jarvis, of Dorchester, writes as follows:—

"I have had two reasons for delaying writing. First, I was sent into Algeria and across the country as far as the Sahara, to examine, with my colleagues, into the causes of the reduced death-rate in the French army. Since then, I have been several times in Spain, and at Gibraltar, with reference to the epidemic cholera; and I expect to have to go, very shortly, up the Mediterranean on a similar work.

"The French experience is very startling, both as regards the causes of high death-rates in Algeria and as to the means of reducing them. You will see what they are when I send you the report. There is nothing new, at least theoretically. They have arrived at the results simply in the way of forced experience, and in this road they have reduced the army death-rate from 80 to 13 per 1000. Among the civil population, also, the reduction has been from 10 to 2½ and 3 per cent.

"There are many parts of America in which the local conditions must be very much the same as in Algeria, and it would be a very interesting subject if the progressive reduction of your death-rates, as agriculture and drainage advanced in the semi-tropical regions, could be brought out. Perhaps this has been done officially. If not, it would be very important that it should be done.

"In Algeria, the experience stands thus:—Create a village on a flat, undrained plain, and begin to turn up the ground for cultivation; your death-rate will be 10 per cent. Year after year, however, as the culture progresses and successive crops are taken, the death-rate will fall until it reaches the normal rate. In some of the most pestiferous districts in the world, the population is now as healthy and red faced as in England, and this has been done by agriculture and drainage, chiefly.

"They find that the earlier years of culture are always the most fatal to life, but that the death-rate can be kept down by various precautions, the most important of which consists in living and sleeping away from the work."

Clitoridectomy for the Cure of Epilepsy.—In connection with this subject, which we noticed two weeks since, the following extract from a lecture by Dr. Brown-Séquard, published in the London *Lancet* of January, 1866, is worthy of much consideration:—

"An able surgeon has lately treated several kinds of functional nervous affections by extirpation of the clitoris. That this operation may sometimes be useful there is no doubt at all. But I cannot look upon this mode of treatment as one that should be employed in other cases than those in which a distinct aura starts from the clitoris, or in those cases in which that organ is morbidly sensitive and much hypertrophied. There are cases of nervous complaints, due to masturbation, in which the clitoris has been extirpated without any durable benefit as regards the nervous affection, or even as regards the masturbation. In women, as well as in men, the only decisive means against masturbation is the production of a small ulcer (by caustics or the red iron) on parts of the genital organs that are unavoidably touched or moved in the act of self-abuse, so that every attempt to accomplish the act, either with or without the help of the hand, is so painful that the patient must give it up."

We would add to the above that Mr. Baker Brown and his associate, Mr. Philip Hardy, as appears by a note published in the London *Medical Times and Gazette*, have determined not to perform the operation of clitoridectomy in the London Surgical Home, "pending the professional inquiry into its validity as a scientific and justifiable operation."

The Endoscope. Illumination by means of the Magnesium Light.—Prof. E. Andrews, of Chicago, has employed the magnesium light to great advantage in the use of the endoscope for examining the urethra. In a communication to the *Chicago Medical Examiner*, he says :—

> "The result was to illuminate the urethra magnificently. The mucous membrane, with every little fold or patch of varied color, was as plainly in view as could possibly be desired. It could not have been seen any better, had it been dissected and laid in the sunlight. By gradually withdrawing the tube, the whole of the canal may successively be seen as it collapses across the end of the tube. Seeing the performance of this illumination, I have ordered a spring and some small wheel-work attached to the lamp, so that the wire may be made to advance into the flame without the help of an assistant. In this way, no doubt, the difficulty of the illumination will be fully overcome, and the urethra can be inspected almost as easily, and quite as perfectly, as the tongue."

Singular Parasite.—Dr. Ernst Schmidt exhibited to the Chicago Medical Society a specimen of a very unusual parasitic worm, with the following history :—An American girl, 10 years of age, weakly, and of scrofulous diathesis, had suffered for some time from capricious appetite and pain in the upper portion of the abdomen. Two weeks ago, she complained of pain in the left shoulder; at the seat of pain there soon appeared a slight elevation, tender to the touch, slightly red, from which, in a short time, a small worm was observed, endeavoring to escape. If disturbed, the worm withdrew its head beneath the skin; by gentle pressure, however, it was forced through the small opening it had made. A similar swelling appeared behind the left ear, from which another worm made its escape. Thus far, eight elevations have appeared in different portions of the body, from which five worms have been secured. Some of these elevations were neither red nor very tender on pressure. Palpation gave the sensation of a foreign body under the skin. The efforts of the worms to pass through the skin caused no pain nor hæmorrhage. The small opening closed readily, and the elevation soon subsided.

The child, during this time, was nervous and irritable, the pulse being, at times, as low as 40 per minute. The application of mercurial ointment caused the elevations to disappear. In all cases where this was applied, the worms seemed to pass upward from their original position towards the head. The child was not in the habit of eating either raw meat or vegetables. There were no indications of other parasitic worms in the child or other members of the family.

The worms were about five eighths of an inch in length, quite transparent, and divided into eight sections, with an alimentary canal running nearly straight from the anterior to the posterior extremity. The mouth, as examined with the microscope, presented no evidences of apparatus for suction or boring.—*Chicago Medical Journal.*

Chicago Medical Journal—Change of Editors.—Drs. Holmes, Lyman and Larkey having resigned the Editorship of the *Chicago Medical Journal*, Dr. J. Adams Allen has resumed the editorial charge, which he relinquished three years since.

Death of Dr. Scoresby Jackson.—The death of Dr. Scoresby Jackson, author of the well-known work on Climate, and a Manual of Materia Medica, occurred in Edinburgh, on the 1st of February, of typhoid fever, at the age of 32.

Dr. Alexander J. Sutherland, the eminent alienist, died at Brighton, England, January 31st, in the 57th year of his age.

Dr. William Brinton, author of the celebrated work on Diseases of the Stomach, died in London, January 17th, from disease of the kidney.

There were 92 deaths in Providence during the month of March, which number was 16 more than in the preceding month; 10 more than in March, 1866, and 7 more than the average for March during the last twelve years. There was not a single death in March from smallpox, scarlatina or diphtheria, and the mortality from all diseases of a zymotic character was less than ten per cent. of the whole number. The increase of mortality was chiefly from consumption, old age, and pneumonia, and was undoubtedly caused, to some extent at least, by the cold, disagreeable weather which prevailed during the month.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, April 6th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	44	40	84
Ave mortality of corresponding weeks for ten years, 1856—1866	42.6	41.1	83.7
Average corrected to increased population - - - -	00	00	92.4
Deaths of persons above 90 - - - - - - -	0	0	0

Journals and Pamphlets Received.—Medical Record, Nos. 26 and 27.—New York Medical Journal for March.—Medical and Surgical Reporter, Vol. xvi., Nos. 9-13.—American Journal of Medical Sciences for April.—Medical News and Library for March and April.—Chicago Medical Journal for March.—Chicago Medical Examiner for March and April.—Cincinnati Lancet and Observer for March.—Medical Reporter, Vol. ii., Nos. 1 and 2.—Nashville Journal of Medicine and Surgery for March.—Southern Journal of the Medical Sciences for February.—Southern Medical and Surgical Journal for March.—New Orleans Medical and Surgical Journal for March.—Pacific Medical and Surgical Journal for February.—Canada Medical Journal for February.—L'Union Médicale, Nos. 22-36.—London Lancet (reprint) for March.—American Journal of Pharmacy for March.—Detroit Review of Medicine and Pharmacy for March.—Druggists' Circular for March.—Dental Cosmos for March.—Biographical Memoir of Franklin Bache, M.D.—Accidental and Congenital Atresia Vaginæ, with a Mode of operating for successfully establishing the Canal. By Thomas Addis Emmett, M.D.—American Eclectic Medical Review for March.—University Journal of Medicine and Surgery, No. 11-13.—United States Medical and Surgical Journal for April.—Herald of Health for April.—Hall's Journal of Health for April.—Phrenological Journal for April.

Communications Received.—Two Cases of aggravated Strabismus of twenty-five years' standing; relieved by Operation. By Hasket Derby, M.D.—Extracts from the Records of the Providence Medical Association.—Surgical Cases in the Massachusetts General Hospital, occurring in the Service of Dr. Henry G. Clark.—Copy of the report of a Case of Lithotomy, from the Boston Weekly News-Letter, November 13, 1741. By Samuel A. Green, M.D.

Married,—In this city, 4th inst., J. W. Odell, M.D., of North Hampton, N.H., to Mrs. Martha E. Elliott, of Newton, Mass.

Deaths in Boston for the week ending Saturday noon, April 6th, 84. Males, 44—Females, 40. Accident, 2—apoplexy, 2—congestion of the brain, 2—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 3—cancer, 3—consumption, 15—convulsions, 4—cystitis, 1—diarrhœa, 1—dropsy of the brain, 2—irritative fever, 1—scarlet fever, 4—typhoid fever, 3—fistula, 1—gastritis, 1—disease of the heart, 2—intemperance, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 7—œdema of the lungs, 1—old age, 1—premature birth, 1—scrofula, 1—smallpox, 6—thrush, 1—unknown, 9—whooping cough, 1.

Under 5 years of age, 25—between 5 and 20 years, 8—between 20 and 40 years, 31—between 40 and 60 years, 8—above 60 years, 12. Born in the United States, 50—Ireland, 24—other places, 10.

THE

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TWO CASES OF AGGRAVATED STRABISMUS OF TWENTY-FIVE YEARS' STANDING. RELIEVED BY OPERATION.

[Read before the Boston Society for Medical Improvement, March 25th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Hasket Derby, M.D.

I present herewith the notes of two cases of strabismus—one divergent, the other convergent—each having endured twenty-five years, and each entirely relieved by operative interference. Before recounting each case and exhibiting photographs of the patients, I desire to make a brief statement of the advantages of the present method of operating over that practised by Dieffenbach, and still more or less employed in America.

The old operation was performed in the following manner. Supposing tenotomy of the internal rectus to be intended, the conjunctiva and subconjunctival tissue were raised by the forceps at a point midday between the cornea and the caruncle, and there divided. The blunt hook was then passed into the wound, carried behind the muscle, and the latter cut across. Sometimes the edges of the conjunctival wound were subsequently approximated by sutures. It will be seen that the muscle thus operated on was divided into two parts—an anterior stump of appreciable length and a posterior portion.

The frequent instances of insufficiency of the muscle operated on, as well as of deviation in the opposite direction, which for a time caused the operative treatment of strabismus to fall into an undeserved disrepute, have given rise to a series of experiments on animals and observations on human beings, from which the following important facts have been ascertained.

The muscle thus divided does not, in the majority of cases, directly unite either with its severed anterior portion or with the sclerotic. New fibres are indeed thrown out, which establish a connection between the posterior part of the muscle and the sclerotic, either at or behind its original insertion; sometimes, indeed, the posterior and anterior parts are again brought into connection by this supplementary growth. The power of the muscle, however, thus re-united, either directly with the eyeball or with its anterior insertion, is precarious and uncertain. The effect of such an operation cannot be accurately estimated, and insufficiency in the original direction or preponderance of the antagonist muscle often results. The leaving behind an anterior tendinous stump does but result in unnecessarily shortening the muscle, insufficiency of which was in the outset to be feared.

The view at present entertained is, therefore, that it is a mistake to reckon with certainty on any useful union of the posterior portion of the muscle with its original anterior insertion or with its anterior portion. The operation for strabismus should consist in setting back the insertion of the muscle itself, and thus causing it to act, with unimpaired powers it is true, but at a mechanical disadvantage. Its length remains the same; its point of attachment is simply removed to a greater distance from the anterior surface of the globe.

The operation is simple, and may be performed with great facility. The conjunctiva is raised with forceps, as near as possible to the cornea, and a fold of it is divided just below a line continuous with the insertion of the muscle, and to an extent sufficient to admit the blades of a pair of curved scissors of moderate size. Through this opening the conjunctiva is separated from the subjacent tissue and capsule of Tenon, over the course of the muscle to be divided, for a distance varying according to the effect desired to be produced. A blunt hook is then introduced, passed under the tendon of the muscle, and the latter separated from its insertion by repeated and slight strokes of the scissors. Unless an extreme effect is to be produced, the edges of the conjunctival wound may subsequently be united by a fine suture.

I have thus briefly explained and described the present operation for strabismus, according to the views of Professor von Graefe, and partly in his own words. From a very large number of cases successfully treated on this principle, I have selected two in which unusual difficulties were encountered, but where a rare amount of perseverance on the part of the patients was met with a corresponding measure of success. These cases, moreover, illustrate the well-known impossibility of reckoning the precise effect of repeated tenotomies on the same eye. The cicatricial bands of union between the several parts involved, that form after the first operation, are always more or less extensive, and unless severally carefully divided—a matter of extreme difficulty—diminish and sometimes annul the effect of subsequent operative interference.

Case I.—April 21st, 1865. Mr. C., aged 35, at the age of 10 received some sort of a blow on the right eye. This was followed by inflammation and diplopia. On the subsidence of the former, the right eye was observed to deviate outwards, and has done so ever since. At the end of six or seven years, the diplopia was no longer perceptible.

The right eye diverged nearly 4‴. No traces of any injury to it were to be found. Power of internal rectus very good. Vision $\frac{2}{3}$. No myopia. Vision of left, $\frac{1}{2}$. On covering the left eye, was able to read with the right fifteen minutes without fatigue.

April 26th.—Carefully and thoroughly divided each rectus externus.

May 2d.—A divergence of 2½‴ now remained. Double vision was occasionally experienced.

10th.—Again divided each externus. The next day the divergence amounted to only 1‴. Double images well marked and close together.

24th.—The effect of the last operation appeared altogether lost. Divergence still 2½‴. At the distance of twelve feet, the two images of a flame were seen twenty-one inches apart.

On May 30th, I again divided the right externus, and then, dividing the internus, brought it forward and gave it an insertion at least 1½‴ in advance of its former one. The dissection showed this muscle to be unusually small and pale.

October 13th of the same year I saw the patient again. The effect of the last operation had not been as great as had been hoped for, the right eye still diverging 1½‴, and the double images of a flame twelve feet off being fifteen inches apart. The attenuated condition of the rectus internus gave but little reason to suppose that again advancing its insertion would give it a material preponderance over its antagonist. I determined, therefore, to make one more attempt to carry back the point of attachment of the latter. The right externus was accordingly for the fourth time divided, Oct. 25th, and—a thread having been passed through the conjunctiva at the inner edge of the cornea—the eye was drawn inwards till the cornea nearly touched the caruncle, and left in this position twenty-four hours, at the end of which time the thread was removed.

Nov. 25th.—Marked improvement had taken place. The right eye now diverged only ¾‴. Double vision was constant, and very annoying. I now did an operation similar to the last on the left eye, dividing the externus, and securing the eye in the opposite direction for twenty-four hours.

Dec. 9th.—Eyes were perfectly straight, motions good, diplopia absent except when patient looked very far to the left. He had common vision, and within a day or two had, for the first time in his life, got the effect of solidity with the stereoscope. There was no subsequent falling off.

Case II.—Mr. W., aged 25, over six feet in height, and of general proportionate development, has a convergence of the left eye amounting to 5½‴. Owing to the remarkable size and large features of the patient, the impression produced by this deformity is particularly striking. The left eye, moreover, deviates ½‴ upwards. Each eye is hypermetropic $\frac{1}{36}$. Vision of right eye is normal (1); of left, $\frac{1}{5}$.

Jan. 11th, 1867.—Each rectus internus was carefully divided through a free conjunctival wound, the edges of which were not brought together. Glasses of $\frac{1}{36}$ were ordered to be habitually worn.

12th.—The convergence amounted to only 1½‴. By Jan. 26th, however, the effect of the operation had become so far modified that there was still a convergence of 4‴. Each internus was again divided.

Feb. 10th.—A convergence of 3‴ remained. The left internus was now for the third time divided, and the eye brought round and secured in the usual manner, so that the outer edge of the cornea nearly touched the outer commissure, and left in this position twenty-four hours.

19th.—The convergence amounted to only 1‴.

23d.—The eye was fast exhibiting a tendency to relapse into its former position. When looking at distant objects, the left eye converged 2‴; when looking at near objects, 3‴.

26th.—The slight result of the last operation decided me to now adopt a different plan. I accordingly for the fourth time divided the left internus, then laid bare the insertion of the externus, separated it from the globe and brought it well forward, attaching the cut edge of the muscle to the narrow portion of the conjunctiva I had allowed to remain at the outer edge of the cornea by a strong thread, which I removed two days later.

March 16th.—No convergence could be made apparent. The left eye continued to deviate slightly upwards, and exhibited a slight insufficiency inwards. Common vision did not exist, but the cosmetic effect was all that could be desired.

Liebreich has recently proposed* to avoid the necessity for subsequent operations by adding to the effect of the first. With this end in view, he not only separates the conjunctiva from the capsule of Tenon in the vicinity of the insertion of the muscle to be divided, but continues his preliminary dissection backwards as far as the plica semilunaris, and carefully prepares this, as well as the caruncle, from the adjacent parts. (This description, of course, alludes to an operation on the rectus internus.) He divides the insertion of the muscle in the usual manner, widens then perpendicularly the wound made in the capsule, and approximates the cut edges of the conjunctiva by a suture.

He claims that this operation gives an increased effect, the amount of which may be more readily estimated, that the sinking of the caruncle is avoided, and that more than one operation on the same eye is seldom if ever necessary.

He observes *(loc. cit.)* that he has been able in great measure to overcome the prejudice against the operation for strabismus, which he found to exist in Paris at the time of his settlement there; so frequently is he enabled by this method to correct deviations of 3‴ in adults or 4‴ in children by a single operation, and without changing the position of the caruncle.

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* A. f. O. Bd. xii. 2, pp. 298–307.

CONTRIBUTIONS TO DERMATOLOGY.

(Continued from page 196.)

Treatment of Eczema in Infants and Young Children.

When a physician is called to prescribe for a young child that is suffering from an attack of eczema, he is conscious that so far as relates to constitutional measures but little can be done. Yet that little may be of much importance to the future welfare of the child; and it requires the exercise of the highest medical talent to know just what to do, and what not to do. The disease is apparently purely local, but in reality it is not so. The blood, the nerves and their functions are more or less implicated. The pulmonary apparatus and the intestinal canal may also be in an abnormal state; and although our chief reliance must be in the employment of topical remedies, it is the part of sound discretion to combine with it some general course of treatment as auxiliary. This course should be equally distant from all extremes of practice. In the first place, we should ascertain what is the exact condition of the child; whether the eruption is a sequel of any antecedent malady—as, for instance, scabies, as is sometimes the case; whether it is the result of some existing derangement of the stomach or bowels, or is connected with difficult dentition. If none of these things have induced the complaint, it should probably be considered as hereditary. If the child is robust and hearty, it will be advisable to prescribe an aperient every ten or twelve days, with a view to prevent all danger of transferring the eruption—or, to speak more logically, for the purpose of preventing any vicarious action of the internal organs, while at the same time it will tend to give relief to the morbid condition of the skin. The kind of laxative best suited to the case will be a small quantity of fluid magnesia, or some thirty or forty drops of castor oil in as much lemon syrup, or simple syrup, in the early part of the day. In a child from six to twelve months old, one grain of calomel, with as much refined sugar, may be dropped upon the tongue. By thus producing a little extra activity of the alimentary canal occasionally, we avoid all danger in our attempts to suppress the cutaneous discharge by the cautious employment of suitable astringent applications, even if the eruption has existed a long time and yields an abundant secretion. The effect of the laxative upon the general condition of the child should be carefully observed, and the frequency of its repetition and the period of its continuance be regulated accordingly. It should be borne in mind that eczema, in all its stages and varieties, is an inflammatory affection, and the slight depletion produced by the internal medicines above suggested is a sanitary measure which ought always to be employed for children of a full, gross habit. As regards the mercurial, we know with what remarkable ability they tolerate it, especially if they are endowed with a lymphatic temperament, and we find that children of this temperament are more subject to eczema than others. They seem to possess a more delicate skin. We apply the terms lymphatic temperament, lymphatic constitution, lymphatic predominance, to children who are uncommonly fat and pale, and who, with softness and puffiness of the muscular tissue, together with atony of the general organism, yet exhibit fair health and grow rapidly. We are aware that the word temperament, as applied to young subjects, is less definite and less marked than when we apply it to the adult; and yet we find that the best writers speak of the scrofulous, nervous, and other temperaments of children—and, in our daily professional intercourse, we do the same thing. But, at best, the language is somewhat vague.

In addition to the occasional use of an aperient, it will be good practice to administer to the child the syrup of the iodide of iron. This will be especially called for, if the eczematous fluid continues to flow with unusual obstinacy, and the lymphatic glands are in a hypertrophied condition. The iron will give tone to the system in the most gentle manner, and without disturbing the stomach. The minimum dose to an infant of six to twelve months should be five minims thrice daily. It sometimes proves laxative, but when it does not operate on the bowels it augments the quantity of urine. Its effects should be carefully noted, and the daily quantity gradually increased to twenty-five or thirty minims, unless some circumstance should contra-indicate it. For a child from two to four years old, the usual dose may be from ten to fifteen minims three times a day. If severe pruritus should continue, and render the child feverish and fretful, a moderate looseness of the bowels, occasioned by the iron, will contribute to its relief.

The above pharmaceutical remedies are about all that can be addressed to the constitution, in the earlier period of the eruption, when it breaks out on a strong, robust child; but if it should be feeble, anæmic, and badly nourished, it would be injudicious to resort to the use of mercury, unless the bowels are much constipated, or the pulmonary organs are in a state of congestion. Under such circumstances, it may be given without hesitation.

At a later period, when the eruption is assuming a chronic form, the question as to the expediency of resorting to some medicinal agent well known for its special therapeutic action on the diseased cutaneous membrane, naturally suggests itself to the medical attendant. We refer here to arsenic. Shall it be given to a young child? We are not ignorant of the dread which the name of this drug often inspires in the mind of a doting mother, for we have often been witness of the fact. We have, nevertheless, in most instances where we have deemed its administration important, succeeded in gaining free consent for its use; and we have often prescribed it for young children not only with impunity, but with marked benefit. But the younger the child, the less its utility and the greater the danger. The conditions under which any form of arsenic should be administered may be summed up substantially thus. The patient should not be under one year old. There should be no functional disturbance of any of the internal organs, no inflammatory condition of the gastro-intestinal or pulmonary mucous membrane; the tongue clean, the digestion normal; no diarrhœa, no scrofulous diathesis apparent; little or no serous exudation from the eruption, but a scaly condition approximating that of pityriasis or psoriasis. Under these circumstances, there can be no rational objection to the employment of arsenic, with a fair prospect that its curative effect will be displayed in a satisfactory manner, and the above are the limits within which its employment in any form or combination should be restricted.

If arsenic is prescribed for young children in combination with a small quantity of iodide of potassium, which will act slightly as a diuretic, any unpleasant effects will be less likely to occur; while at the same time its peculiar action on the skin will be heightened rather than lessened. The subjoined formula will be convenient. ℞. Liquoris potassæ arsenitis, ♏xxxij.; potassii iodidi, ʒ i.; syrupi tolutani, ℥ i.; aquæ fontanæ, ℥ iij. M. Dose.—For a child from one year to two years old, a teaspoonful every morning and evening. For a child from two to four years old, one teaspoonful three times a day. For a child from four to eight, two teaspoonfuls morning and night. For a child from eight to twelve years old, two teaspoonfuls three times a day; to be continued for each patient from three to four weeks. Strict instructions should always be given to the nurse to watch the child, and if any symptoms of illness appear which can possibly be attributed to the arsenic, then have it omitted for a few days, or have it given every other day only. But it is well known that young children bear the presence of this medicine remarkably well; and we consider it scarcely possible that any evil can result from the cautious method above directed for its use. Wilson prescribes Fowler's solution in doses of two minims to an infant from a month to a year old, repeated three times a day immediately with the meals. He combines it with the wine of iron and syrup of tolu.

The bichloride of mercury has long been used as a remedy for eczema in the London Hospital for Diseases of the Skin. For infants and young children it is much safer than arsenic, and it has proved efficacious in many obstinate cases of this complaint, as well as in other eruptions of a chronic type. The following is a convenient mode of prescribing it. ℞. Hydrargyri bichloridi, gr. i.; syrupi tolutani, ℥ ij.; Aquæ fontanæ, ℥ vi. M. The dose is one teaspoonful each morning to a child from six months to two years old. For a child from two to five years old, the dose may be repeated morning and evening. And where we have any hesitation in regard to the use of arsenic, we can with a good prospect of beneficial results prescribe the bichloride, which may be continued for many months, with only occasional intermissions.

The importance of a suitable diet should not be overlooked. Milk is the proper food under all circumstances, for an infant less than twelve months old. If it cannot live and prosper with that, it must die; and the physician should not fail to ascertain beyond all doubt if the nurse has a full supply of that which is good. The microscope, if at hand, will readily determine its richness, by bringing to view the relative number of nutritive globules, and if there is any deficiency in this particular or any other, then the child should be supplied from a different quarter.

The question is not unfrequently propounded to the physician, can the nourishment derived from a mother who has eczema do injury to her child, who has the same eruption also? In these circumstances, it is wholly presumable that the unfortunate child received its peculiar diathesis from the mother before it was born. Nevertheless, if she continues to supply her offspring with nourishment, the source of original injury to the child is perpetuated, although the mode of communication is changed. Before its birth, the blood was the immediate vehicle that conveyed the morbific element into the organism of the offspring; after birth, the milk, which is eliminated from the blood, is the medium of transmission of the same morbific principle; and in our efforts to relieve or cure the child, we are contending not only with the disease itself, but with a constant repetition of the cause that produced it. Perhaps these views may seem pregnant with the humoral pathology. Be it so; and now let it be asked, would a medical attendant be justified in recommending to a family that a wet nurse known to be full of eczema should have the care of a child and supply it with nourishment from her breast? Although we cannot demonstrate, as we can a problem in mathematics, that milk derived from the source here supposed would do injury to a child, probably no intelligent physician would feel disposed to endorse a wet nurse whose skin was occupied with the eruption in question. Whatever may be our views theoretically, the practice of us all is doubtless the same.

In reference to the diet of those who are afflicted with eczema, but little need be said, for but little can be accomplished in virtue of any prohibitions that may be imposed; accordingly, in addition to the suggestions given above with regard to the nourishment suitable for infants, but a few words need be offered on the general subject. Plain, simple, nutritious food—a fair mixture of animal and vegetable substances, such as constitutes the usual dietary of families that are well to do, is appropriate for the class suffering from the disease in question, or from any other form of cutaneous affection, except the eruptive fevers; and any marked deviation from such a course of living, continued for any length of time, will be fraught with danger, for it will impair the general health. There is no one article of food so comprehensive and so valuable for all persons that are afflicted with eczema as good milk. It is generally conceded by dermatologists that pork and shell fish should be interdicted.

To keep the child perfectly clean, and to have it surrounded by a pure atmosphere, are two cardinal virtues during the entire treatment.

[To be continued.]

THE PATHOLOGICAL PHYSIOLOGY OF THE BRAIN IN CHOLERA.

[Continued from page 203.]

THE autopsy in these cases gave us little anatomical reason for these complications. The appearances observed had so many points in common, that we have united them in one description. The membranes were thin, transparent, and of normal consistency; the cerebro-spinal fluid, perhaps less abundant than usual, had not lost its transparency or its yellowish hue; the surface of the brain was rather dry and somewhat sticky; no subarachnoid effusion; no change in the consistence of the brain. There was some modification in the vascularity of the organ. The great vessels of the surface were full, without being engorged; here and there on the convolutions, was a network of extremely fine vessels, forming small red spots, under which the superficial layer of gray matter had a rose color, and was of rather less firm consistence, when exposed to a stream of water. There was perfect integrity of all parts of the ventricles, but the surface of all sections of the brain appeared as if punctuated, or sanded with red sand. No trace of meningitis at the base of brain or superior part of spinal cord.

In one only of these cases did we find the undoubted characters of meningitis; the membranes, in this case, were so thick as to allow of peeling the brain over large surfaces; they were less transparent and of a pearly tint in some places. Here and there in the course of the vessels, and particularly towards the fissures of Sylvius, fibrinous tracts were observed, which could be detached with the membranes.

In the three other cases, the lesions were so indistinct that the symptoms seemed to have occurred without cause, or at least to have been due to a kind of *dry* meningitis, with diminution of the cerebro-spinal fluid, producing slight dryness, and a sticky condition of the membranes. Perhaps we may consider it as the first stage of a meningitis, surprised by death before its full development. We may suppose the meningitic condition bears the same relation to meningitis proper that the typhoid state does to typhoid fever; that is to say, an expression of symptoms without fixed and determinate lesions.

Failing to explain the cerebral accidents of the period of reaction on the theory of meningitis, we may consider them due to disturbance of the circulation and of the cerebral innervation. Just as we have seen perception and the spontaneous movements of thought lose their vivacity, as the pulse became weaker and the collapse progressed, so we have seen the mind excited in proportion to the reestablishment of the circulation. This action of the liquid blood upon the nervous substance is entirely physiological, and is a necessary condition of cerebral activity.

But, aside from other causes, it is necessary in these cases to suppose a predisposition peculiar to the individual himself. Whenever we see cerebral complications supervene, in the course of pneumonia, erysipelas, or rheumatism, we are apt to refer them, alcohol being excluded, to organic tendency, and this should also be taken into the account in the cases under consideration.

There were two other cases of interest—one of spasm of the extremities and one of impulsive suicidal delirium. What was remarkable, too, was the fact that such aggravated complications were not in proportion to the cholera symptoms. The epidemic influence had been so slight that we had classed them as cases of *light* cholera. The first—Fourchet—ten days after the beginning of the diarrhœa, went into the garden, bathed, imprudently, in cold water, and was seized with tetanus; he nevertheless recovered, and a critical swelling of the parotids marked the close of the disease. The second—Guedon—presented such unexpected symptoms that we shall report the case in detail. He was 21 years old, a laborer, entered the hospital with light attack of cholera; his constitution was robust, he had never been sick, and was given to no excesses. During convalescence he was seized, without apparent cause, on November 7th, with very marked contraction of the flexors of the fingers and great toes, with slight trismus, and retention of the urine, apparently from spasm of the vesical sphincter. For a few days he had intense fever, and the retention of urine persisted, though the tetanus sensibly diminished. The mind was clear.

On the nights of the 11th and 12th he had some delirium. On the morning of the 12th his appearance was somewhat strange; in the evening, he was very restless, with violent fever and a flushed face; he complained of severe, lancinating pains in all his limbs, in the chest, and especially in the lumbar region, with some formication of the hands and feet. The cerebral functions were still perfect.

On the 13th, the same. We feared a spinal meningitis, and prescribed twenty cups to the spine, and a full dose of opium. After the cups, which he bore patiently, he seemed relieved, but suddenly, in an access of delirium, he seized his lead urinal, and gave himself repeated blows on the forehead with great fury. The patients in his vicinity seized him, whereupon he struggled violently, saying he wished to kill himself. A quarter of an hour after this suicidal attempt, he became calm, and his mental disturbance left him as suddenly as it came. He had no recollection of what had passed, and was astonished at the recital of his insane act. On his forehead were six transverse wounds, laying bare the bone. The next day erysipelas appeared at the base of the nose. It extended rapidly, coma followed, and the man died.

The autopsy showed no trace of meningitis in the brain or spinal cord, not even the rose-colored net-work we have previously described. The whole cerebro-spinal axis had preserved its color and consistence. We found only the punctuated or sanded appearance of the cerebral substance; and this lesion, which we have so often noticed in cases of acute febrile delirium of the insane, explains to some extent the blind impulse which seized this patient. It was no less than an accession of maniacal frenzy, which might have taken the form of homicidal impulse. There was something distinct from and beyond the convulsive attack, but which bore similar relations to the brain that the tetanic symptoms did to the spinal cord.

In this case it became interesting to know, whether any predisposition, hereditary or acquired, had prepared this explosion. The epileptic has his attacks of frenzy; in delirium tremens, the patient often seeks relief in suicide. Guedon was subject to none of these influences; neither insanity nor epilepsy existed in his family, and he was not himself given to excesses. We have, then, an isolated act, evidently dependent on a cerebral condition, not strictly belonging to cholera, but which was a remote effect of its disturbing influence.

To conclude, the numerous observations we have made have inclined us more and more to the idea that cholera is due to a poison, which first affects the system, of the great sympathetic, and plays its first part in the phenomena of collapse; and the study of the reaction has shown us that the cerebro-spinal system, which escapes accident during the first stage, may be compromised in its turn in the second, and give rise to the severest complications.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY W. H. TRAVER, M.D., SECRETARY.

Teeth swallowed; a safe Passage.—Dr. McGregor reported the case. The patient, a female, awoke in the night with a sense of suffocation, produced by a vulcanized rubber plate, two and a half inches in length, one and a half inches wide, with four incisor teeth attached, which had lodged in the œsophagus. While struggling to relieve herself, the plate passed into the stomach. On the following day she experienced great pain in the epigastric region, accompanied by spasms, which continued from time to time until the plate passed per anum. The pain and spasms were relieved by sweet oil, McMunn's elixir of opium and the inhalation of chloroform. She was kept partially under the influence of the latter for twelve days, the time occupied in the passage of the plate.

Cancerous Tumor in the Abdomen; Death.—Dr. GROSVENOR reported the case and exhibited the tumor.

The patient was an American, by occupation a laborer. He had been ill for nearly three years, most of the time with orchitis and chronic dysentery, the latter continuing up to the time of his death. About four and a half months previous to his death, the diseased testicle was removed; the disease proved to be cancerous. He died March 24th.

Autopsy, twenty-four hours after death. Body greatly emaciated. Rigor mortis well established. A tumor was found in the umbilical region, extending, on either side of the umbilicus, as high as the upper border of the kidney, as low as the sacrum, and firmly adherent to the spine. The tumor involved a portion of the aorta and left kidney, which was enlarged. The tumor proved to be cancerous. The small intestines were not involved, but pushed over to the left inguinal region. The large intestines were healthy, with the exception of the rectum, the mucous membrane of which was ulcerated. The liver contained two abscesses, each about one and a half inch in diameter. The spleen also contained a small abscess. The tissues of the upper lobes of both lungs were broken down and disorganized by tubercular disease Heart flabby. Stomach healthy.

Placenta retained seven Months after Miscarriage.—Dr. COLLINS reported the case.

The patient became pregnant in February. The following April she was attacked with flowing and other symptoms of miscarriage, which continued for some time. Abdomen large; general health good. The hæmorrhage subsided, and the patient went out. Two months passed without any perceptible increase in the size of the abdomen. At her menstrual periods she had some hæmorrhage, and on one occasion a small piece of membrane passed away. Dr. Collins thought she had probably miscarried, and that this was a part of the membrane which remained. In August the catamenia appeared. Subsequently, she was attacked with flowing, attended with pain, causing the expulsion of a placenta, with a short piece of cord attached. The placenta had remained in the womb seven months.

Tubercular Meningitis; Death.—Dr. ELY reported the case.

The patient, a female, aged 26 years, when first seen by him, had a dry cough, short breath, and was much emaciated; pulse 120. No physical signs of phthisis could be detected. Dr. Ely prescribed tonics, generous diet, &c. The cough ceased after the expiration of six weeks. Pulse 84. The patient next complained of pain in the chest, with leucorrhœa and scrofulous enlargement of the glands of the neck. The tenderness of the spine, which was also present, subsided after the employment of counter-irritants. The cough returned, but subsequently disappeared. She went to Bristol, and while there had symptoms of mental derangement. She became nervous, irritable, sleep was disturbed, respiration frequent, pulse accelerated. Before death, the symptoms of insanity had become more apparent. Tongue brown and dry; pulse 120. There was no vomiting, vertigo, or coma, and but little if any dilatation of the pupils. The day previous to her death she had strabismus of the left eye, which appeared to be the only evidence of disease of the brain.

Autopsy.—Body somewhat emaciated. Rigor mortis well marked.

The lungs contained numerous small tubercles. Liver comparatively healthy. Kidneys granular. Uterus small. The brain contained tuberculous deposit. The arachnoid was more or less covered with the same tuberculous matter. The ventricles contained some four ounces of serum. Stomach healthy. Heart normal.

Bibliographical Notices.

Two Cases of Œsophagotomy for the removal of Foreign Bodies; with a History of the Operation. By David W. Cheever, M.D., Assistant Professor of Anatomy in Harvard University; Surgeon of the City Hospital; Surgeon to the Boston Dispensary; Recording Secretary of the Massachusetts Medical Society. Boston: David Clapp and Son. 8vo. Pamphlet, pp. 46. 1867.

The extreme rareness of the operation of œsophagotomy makes the pamphlet before us one of unusual interest. The simple fact that it is so rare suggests at once the critical inquiry as to the necessity of doing it in the cases reported by its author, or in any case. People are getting bones, pieces of money or other hard substances stuck in the œsophagus every day, but they either go down eventually, or they are got up "by hook or by crook," and the inconvenience is soon forgotten. Seldom do we see or look for any serious result from such an accident, cases of obstruction of the glottis clearly not coming within this category. It rests then with the surgeon who undertakes the difficult and dangerous operation of œsophagotomy to make out the case of necessity beyond the possibility of question.

And certainly, so far as the urgency of the symptoms goes in the cases reported by Dr. Cheever, there cannot be a moment's hesitation in admitting the full justification of the operation in both of them. The first was that of a man, in whom the foreign body, a sharp-edged rough piece of the fin-bone of a fish, had penetrated the gullet opposite the cricoid cartilage more than three days previously, and had resisted all attempts at removal. The suffering had become excessively urgent, preventing sleep and the swallowing of anything but water, and accompanied by rigors, fever and violent threatening of the formation of abcess. The second, which, by a coincidence often occurring in surgical experience, followed the first by an interval of a few days only, was the case of a pin an inch and a quarter long, both ends of which were imbedded in the gullet beneath the sternum, where it had been for three days. The urgency of the case was as great as in the first instance, and furnished the same justification for the operation. We cannot follow the details of these cases, which were both crowned with success, but must content ourselves with copying the following account of the different steps of this difficult operation.

> "In reviewing the steps of an operation to reach the œsophagus by external incision, it appears, first of all, that this incision cannot well exceed three, to three and a half inches in length. This is about the distance, in average necks, from the top of the thyroid cartilage to the sternum. If we cut above the thyroid cartilage we endanger the hypoglossal nerve and lingual artery, in a deep dissection; and, more important, the *superior laryngeal nerve*. The latter crosses

the space between the hyoid bone and top of the thyroid cartilage to enter the larynx, and its section would destroy the sensibility of one vocal cord, and one half of the glottis. Through a comparatively short incision, therefore, we are obliged to make a very deep dissection, down to the prevertebral muscles, and to draw various important structures out of harm's way as we proceed. First, the carotid sheath, containing the artery, vein and pneumogastric nerve, which approximate closer and closer towards the œsophagus as we descend the neck. Above and below are the superior and inferior thyroid arteries. On the inside, the thyroid gland. Below the finger, the sympathetic nerve. And, finally, running between the œsophagus and trachea, to the back of the larynx, the inferior, or recurrent laryngeal nerve, the motor nerve of the larynx, whose section would paralyze one half of the glottis; and the partial division of some filaments of which, in one case of œsophagotomy, led to a permanent alteration of the voice. This nerve, lying upon the front of the œsophagus principally, is to be avoided by opening the gullet towards its *posterior* part. The œsophagus is easier found also on the *left* side of the neck, as it naturally inclines to that side. And the rule has been laid down that œsophagotomy should be done on the left side as the place of election, unless we are sure of cutting down on the foreign body on the *right* side. The deeper dissection being carried on chiefly with the director, it is possible to reach the œsophagus not only *without injuring any nerves*, except the unimportant superficial branches of the anterior cervical plexus, but also, as we shall show in the second case, *without tying a vessel*."

Dr. Cheever completes his monograph by a complete history of the operation of œsophagotomy from the earliest times, with a resumé of all the cases which he could find in the annals of surgery; summing up with a discussion of the comparative dangers of the expectant and active treatment in such cases. A table at the end gives a synopsis of the whole, only seventeen in all, including his; of which all but two resulted in recovery. A table of bibliography completes the monograph, which may be said as a whole to be a perfect model in its way.

The Science and Practice of Medicine. By WILLIAM AITKEN, M.D., Professor of Pathology in the Army Medical School, &c. In two volumes. Vol. II. From the Fourth London Edition, by MEREDITH CLYMER, M.D. Philadelphia: Lindsay & Blakiston. Pp. 1114. 1866.

THE second volume of this important work, with many valuable additions by the American Editor, has appeared, and fully confirms the favorable opinion we expressed with regard to the first half, published a few months since.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 18, 1867.

SOME RECENT IMPROVEMENTS IN MEDICAL SCIENCE.

WE think an occasional glance at the progress of medical and surgical science not unprofitable. It tends to encourage the practitioner and reawaken his interest in his profession, to say nothing of the stimulus it gives in the field of discovery and improvement. Acting upon this thought, we propose now to refer to some of the most prominent points in which advances have been made in the art to which we are devoted.

First and foremost stands Ophthalmology, as that branch of medicine which has made the most rapid strides within the last few years. To get a hint of them, we need only to be told of the great work of Donders, filled with abstruse mathematical calculations upon the subjects of accommodation and refraction alone. A full appreciation of these improvements is afforded by the Prize Essay of Dr. H. W. Williams, of this city, on "Recent Advances in Ophthalmic Science," a book which we took up merely to look over, but did not lay aside till we had read it through at a single session. This latter treatise begins with the brilliant invention of the ophthalmoscope and its uses in opening to inspection the inner chambers of the eye, even to the retina. A table of contents, occupying five pages, gives the list of ocular lesions which have been the subject of late investigation and elucidation, and of the remedial measures for them which have been latterly invented or improved upon. Prominent in interest to ourselves, is the application of the Calabar bean to antagonize dilatation of the iris; paracentesis of the cornea as a relief for internal inflammation; iridectomy to abate the evils of glaucoma. Among the diseases of the eye originating in morbid conditions of the system, we are particularly struck with the fact that we can by the ophthalmoscope alone diagnosticate Bright's disease, in which that instrument shows us a slightly grayish opacity in the optic nerve and over the retinal surface, with sometimes small spots of extravasated blood here and there, &c.; the morbid appearances *post mortem* indicating that the retina has become thickened and indurated by fatty and other deposits; and a more advanced stage occasionally manifesting atrophy. We have also inflammation of the cornea, formerly regarded as the result of strumous diathesis, now shown to be a consequence of syphilitic taint, and often attended with peculiar deformities of the teeth, such as a crescentic notching of the central incisors of the second dentition. Again, it has been ascertained that presbyopia, formerly supposed to be the opposite condition to myopia, is in reality "occasioned by an increase of hardness in the crystalline lens, so that its form can no longer be readily changed and its convexity increased by action of the ciliary muscle." Myopia, also once believed to be owing to too great convexity of the cornea or of the crystalline, &c., is proved to be result of an elongation of the antero-posteror diameter of the eyeball, measurements by Professor Donders and others showing "a length of from one and one fifth to one and two fifths inches in some myopic eyes; whilst in others, in which hypermetropia, the opposite refractive condition existed, had an antero-posterior diameter of less than four fifths of an inch."

But, we should hardly do justice to Dr. Williams's essay were we to give an analysis of the whole of it. We cannot, however, omit an allusion to another disorder of the eye most lucidly explained in its pages, and previously described at length in this JOURNAL by other eminent oculists of this city—we mean astigmatism—a disorder of the sight resulting from "a want of symmetry in the curvature of the cornea, in consequence of which its refractive power is unequal in different meridians." We cannot too much admire the science which discovered this defect, nor that which devised the means of correcting it by cylindrical glasses.

We fail to find in Dr. Williams's essay any account of an innovation of his own—already mentioned in this JOURNAL—his practice of uniting by sutures the wound of the cornea made in the process of extraction of cataract. Nor yet does the author allude to his demonstration some years since of the practicability of treating iritis without mercury—a discovery which Dr. Jacob Bigelow declared to entitle its author to be called a benefactor of mankind. These omissions might perhaps have been supplied in an appendix to the printed essay, when the incognito of the writer had already been removed.

It occurs to us to speak next of the light which has been thrown upon the physiology and pathology of the larynx by the *laryngoscope*. Since the invention of that instrument, a band of explorers, prominent among whom are Dr. Cutter, of Woburn, and Dr. H. K. Oliver, of Boston, have started forth and seem to be vieing with each other in enterprise. Each one is ready to set down in his chart any point of discovery established by another and make it a landmark for further advance. The action of the vocal cords in respiration and the production of the voice are now the subject of ocular observation. The causes of aphonia, formerly often not susceptible of diagnosis, and attempts at their removal, having been therefore a groping in the dark, are at last frequently brought to light. Very much has been learned with regard to laryngeal tumors, in relation to which we can do no better than to give a selection from a report read before the Pathological Society of Philadelphia, on the 22d of November of last year, by Dr. Harlan:—

> "The introduction of the laryngoscope," he says, "has influenced the treatment as well as the diagnosis of this disease. Johnson, of King's College, in a lecture on the use of this instrument *(Lancet*, 1864), says: "Perhaps the greatest triumph of treatment by the aid of the laryngoscope has been the removal of tumors, polypi, and warty growths from the interior of the larynx. This feat has been accomplished now in numerous cases and with the most happy results." A number of these cases may be found reported in the *Lancet* and *Medical Times and Gazette*, principally by Mackenzie and Gibb, who have each invented an instrument for the purpose, the former a forceps and the latter a wire ecraseur. Dr. Henry B. Sands, of the New York Hospital, in a valuable paper in the *New York Medical Journal* for May, 1865, reports a case of cancer of the larynx successfully removed by laryngotomy, and gives a table of fifty cases of tumors of the larynx treated by operation, with a full history of the operation up to date, a comparison of the two methods of performing it, &c. Eleven of these fifty operations were performed by external excision, and the rest through the mouth. But three proved fatal—two of the former and one of the latter; and the aggregate of success in the results was such as to show that the operation is not only justifiable and encouraging, but in many cases imperative."

But, from such information as we have been able to get, no operation of the kind has been done which was such a triumph over difficulties, as that mentioned in a late number of this JOURNAL as having been performed by Dr. H. K. Oliver, of this city. That operation, it will be remembered, resulted in the removal through the mouth, by the aid of the laryngoscope, of a fibro-plastic tumor which was sessile, in fact buried in the vocal cord; and the most powerful caustics were brought into requisition in aid of the knife.

Next in order comes the special mode of treatment of inflammatory and congestive affections of the pharynx, larynx, and bronchi by means of *atomized fluids*. This subject is fully treated, and our knowledge of it brought squarely up to the present time, by Dr. J. M. Da Costa, of Philadelphia, in his artistically prepared little book, just published, and entitled "Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids."

Inhalations, says Dr. DaCosta, are no novelty. They were used by Aretæus, and were also a favorite mode of treatment with Galen, since whom they have been employed from time to time to the present generation. The different modes of administering inhalations (whether by inspiration from a bottle, by insufflation, or by injection), and the various drugs employed in them are then reviewed, and brought down to the time of Sales Girons, who initiated the system of atomizing fluids, now become the subject of experiment, which Dr. DaCosta asserts "has an applicability much wider than merely to the treatment of the respiratory maladies, and which henceforth will be employed, though it be rejected for the purpose for which it was originally intended."

The first crude experiments of Sales Girons were made at a watering place, the fluid used being the mineral water in its natural state, or impregnated with medicinal substances. The liquid was forced to impinge against a metallic disk, and thus broken up into a mist, which the patients breathed, several at a time. This process, it would seem, reduced the subjects of it to what Mr. Mantalini might have called "damp, unpleasant bodies," save that life remained to them. The invention of some more convenient apparatus, became therefore necessary. His method of atomizing has been improved upon, till that invented by Dr. Bergson superseded all others, and which consists in employing the same kind of tubes used as odorators, that is, two glass tubes with capillary openings placed at right angles to each other. Through the horizontal tube the air may be blown by the mouth while the vertical tube is dipped in the fluid to be nebulized; or it may be forced through by means of a Davidson's syringe. Or, instead of air, steam—usually generated for the purpose in a small portable boiler—may be allowed to escape through the horizontal tube. In either case the air in the vertical tube is rarefied, the liquid rises to the capillary opening, and is there pulverized by the current of air or steam driving through the horizontal tube. "Bergson's tubes," says Dr. Da Costa, "are also employed in an atomizer invented by Dr. Oliver, of Boston; though here the spray is still further broken up and converted into a fine mist by impinging against the walls of the glass vessel in which the tubes are contained." Various other auxiliary apparatus are described in the book before us; among them the steam atomizers made here, and the "face shield" of Dr. William Read, of this city.

After discussing the question of "the penetrability of atomized fluids into the air-passages," showing some of the obstacles to this, and certain methods of overcoming them, Dr. Da Costa devotes a chapter to the "doses of medicine for inhalation." Among the drugs he states to be most employed are, alum, 10 to 20 grains (to the ounce of water); tannin, 1 to 20 grains; iron (perchloride of) 1-8 to 2 grains; nitrate of silver, 1 to 10 grains; chlorate of potassa, 10 to 20 grains; muriate of ammonia, 10 to 20 grains; opium (watery extract of), ¼ to ½ grain; iodine (liq. iodin. comp.), 2 to 15 minims; arsenic (liq. potass. arsenit.), 1 to 20 minims; distilled water—cold in pulmonary hæmorrhage, warm in asthma, croup, bronchitis.

The concluding chapter is on "Therapeutic Considerations." In this the author mentions the principal affections of the respiratory passages for which atomized fluids have been used. These are—of *laryngeal affections*, catarrhal laryngitis, ulceration, œdema of the glottis, diphtheria, croup; of *pulmonary affections*, bronchitis, phthisis, and hæmorrhage from the lungs.

Among the results arrived at by Dr. Da Costa, in summing up, are—

> "1. That inhalations by means of atomized fluids are an unquestionable addition to our therapeutic means; but that they are nothing but an addition, and not a substitute for all other treatment; that therefore their claims to be so considered are unfounded.
>
> "2. That in most acute diseases of the larynx, and still more so in acute disorders of the lungs, their value, save in so far as those of water may tend to relieve the sense of distress, &c., and aid expectoration, is very doubtful; though in some acute affections, such as in œdema of the glottis and in croup, medicated inhalations have claims to consideration.
>
> "3. That in certain chronic morbid states of the larynx, particularly those of a catarrhal kind, and in chronic bronchitis, they have proved themselves of value; but that they are useless, or next to useless, in ulcerated diseases of the larynx.

* * * * * * * * * * *

> "6. That they furnish an unexpected augmentation of our resources in the treatment of pulmonary hæmorrhage.

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> "9. That we cannot overlook the part the watery vapor plays when using atomized solutions."

Tubes on the Bergson principle have also been successfully used in the production of local anæsthesia by freezing. The glass tubes are employed by Dr. Richardson, of London, to deliver a spray of ether, which freezes the skin in about one minute. Metallic tubes are used by Dr. H. J. Bigelow, of Boston, to convey *rhigolene*, by which freezing is effected in from five to fifteen seconds, and with very much less pain than when ether is the agent.—(Da Costa.) We learn that rhigolene is in rapidly increasing demand among the dentists.

We must not omit to mention, in passing, the use of the *Rhinoscope* for bringing into view the posterior nares; and the invention of the *nasal douche*, by which a stream of fluid is made to enter one nostril and emerge by the other.

Though Dr. Marion Sims's remarkable book on Uterine Surgery has been previously noticed in this JOURNAL, we cannot close this article without adding our word or two. This treatise is so full of original suggestions, that it would take an extended review to give but a general idea of them. We think it should be in the hands of every practitioner. Dr. Sims's method of exploring the vagina and uterus with his peculiar speculum, professes to bring the parts more clearly into view than any other mode hitherto adopted, and must be a decided improvement in the performance of certain operations. We have to thank him also for showing the value of chromic acid as an application to the uterus: also for discovering the depletive action of glycerine upon the mucous membrane. Since reading his book, we have used it with benefit in obstructive nasal catarrh, especially in infancy.

If the division of the uterine neck is to be done, and in some cases we suspect there is no substitute for it, we can but think Dr. Sims's manner of doing it with scissors safer and more effectual than cutting from within outwards by the metrotome. It is, however, a mooted question between him and certain English obstetricians on the one hand, and Dr. Henry Bennet and others on the other hand, whether it ought to supersede the corrective measures for constriction of the cervix uteri, &c.—such as dilating with sponge tents, for instance—which have found acceptance for some years. Of course, as between milder and severer measures, the *onus probandi* rests upon the votaries of the latter. It has been suggested, also, that the tendency of Dr. Sims and others has been to regard uterine diseases too exclusively from a surgical point of view. We think, indeed, that we are in danger of leaving far out of sight Marshall Hall's "disorder of the general health" in females. This is often the main thing, having the uterine ailment inwrapt in, and part and parcel of it; the general and not the local affection taking precedence in the chain of causation.

The three closing sections of Dr. Sims's book have, we think, been justly a source of wonder and astonishment to reviewers. How any medical man could quite reconcile it with his professional and personal dignity to make some experiments there detailed, is the difficulty. Yet, for all that, the lessons which science has gained from those experiments are of great value.

Dr. C. L. Hogeboom, of New York, suggests the use of a "compressing membrane" to the stethoscope. He stretches a piece of bladder across the pectoral extremity of the instrument, so that sounds are communicated not only through the rim, but also from the parts lying beneath its concavity. This expedient, he says, also diminishes the *roaring* heard in the stethoscope, especially in Cammann's. The tension of the membrane, he adds, may be restored, if lost in drying, by moistening it with a solution of tannin—ten grains to the ounce of water.

Herpes Circinatus from Favus in the Cat.—Dr. Tilbury Fox exhibited to the Pathological Society of London, Nov. 13, 1866, several specimens of parasitic fungi sent to him by Dr. Purser, of Dublin—one from a favus patch on the paw of the cat, the others from herpes circinatus (tinea circinata) of the arm produced by inoculation with the fungus (achorion) from the favus of the cat. It appears two cats were affected by favus, the one already mentioned, and a second about its nose; attempts were made by one of the ladies in the house to rub off the crusts from the diseased places in these cats, and very shortly afterwards tinea circinata showed itself about her hands, arms, and shoulders; three other inmates (females) were similarly attacked. The disease was most carefully diagnosticated, and not a feature of favus showed itself. Dr. Purser then inoculated his own arm, and produced what was pronounced to be tinea circinata (herpes circinatus); he sent some of the scales to Dr. Fox, which were exhibited. There was an absence of spores, but mycelial threads were very abundant. They were smaller, less branched, and more devoid of granules than the achorion-tubes, characters which belonged to trichophyton. The cases were interesting as showing that favus may give rise to other forms of parasitic disease, a view which Dr. Fox holds against many authorities, and he remarked that De Bury's recent experiments show conclusively the difficulty of getting an interchange of characters between varieties of the same fungus.—*Medical Times and Gazette*, November 17, 1866.

The above statements are to a considerable degree confirmatory of the researches of Prof. Salisbury, related in the present number of this Journal, pages 379–383. It is but justice to Dr. Salisbury to say that his paper was sent to us early in November of last year, and was intended for the January No. of this Journal, but in consequence of the impossibility of having the wood-cuts done in proper season, it was laid over till the present No.—*American Journal of Medical Sciences*, April, 1867.

A Case of Embolia of the Pulmonary Artery in a Puerperal Woman. By Dr. F. Ritter.—In this case the patient was pluriparous, æt. 26. The first day of childbed went off quite regularly. Then lochia became offensive, and slight pain was felt on pressure. Temperature, 38.0° C. These symptoms disappeared eight days afterwards. She suddenly fell back in deep syncope. Consciousness did not altogether leave her. When seen, the face was pale: she seemed to be dying. Respiration not much accelerated; pulse very small and frequent. She complained of oppression in the chest. Next day these symptoms persisted; the temperature was 36·8° C.; respirations were catching in character, 36; cyanotic lips and tongue. Subsequently pulse and respirations increased in frequency; temperature fell. She died the third day. *Autopsy.*—In the right horn of the uterus was an abscess; inside the uterus, no disease. In ovarian veins, small yellow fibrin-clots, apparently formed before death. In the right chief branch of the pulmonary artery was a pale-red delicate thrombus, plugging the vessel.—*Ranking's Abstract.*

Poisoning by Silk Thread. By M. Chevallier, jun.—The silk thread employed by seamstresses is liable to acquire poisonous properties in consequence of a fraudulent practice described as follows:—

"The value of the best quality varies from sixty to seventy francs a pound, and the material is sold wholesale by weight. For many years it has been the custom to increase the weight by steeping the silk in sugar and water, or in an infusion of gall-nuts; but this fraud not being found to yield sufficiently large profits, a patent was taken out for another plan, which consists in soaking the silk, whatever its color, in a bath of acetate of lead, and after drying the skeins, exposing them to a current of hydrosulphuric acid. The result is the deposition of a quantity of sulphuret of lead, which greatly adds to the weight of the thread, and, therefore, to its mercantile value. We are acquainted with a person at the head of an extensive dressmaker's establishment who, from the use of silk thread thus prepared, was attacked as well as her workwomen with painters' colic; some of the women even lost their teeth, in consequence of their habit of biting off the ends of the thread, an operation during which they absorb a portion of the lead attached to it."—*Ibid.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, April 13th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	44	29	73
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.9	33.6	73.5
Average corrected to increased population - - - -	00	00	80.04
Deaths of persons above 90 - - - - - - - -	0	0	0

Books Received.—Obstetrics; The Science and the Art. By Charles D. Meigs, M.D., &c. Fifth Edition, Revised. Philadelphia: Henry C. Lea. 1867.—An Inquiry into the Origin of Modern Anæsthesia. By the Hon. Truman Smith, Member of the U. S. House of Representatives for the 26th, 27th, 29th and 30th Congresses, and of the U. S. Senate for the 31st, 32d and 33d Congresses. Hartford: Brown and Gross. 1867.

Married,—In Philadelphia, 5th inst., E. R. Hutchins, M.D., to Mrs. Cecilia Smith, both of Philadelphia.

Died,—in Providence, R. I., April 1st, of chronic Bright's disease, Washington Hoppin, M.D., in the 41st year of his age.

Deaths in Boston for the week ending Saturday noon, April 13th, 73. Males, 44—Females, 29. Accident, 2—inflammation of the bowels, 1—disease of the brain, 5—inflammation of the brain, 2—bronchitis, 2—chlorosis, 1—consumption, 14—croup, 1—diarrhœa, 1—dropsy of the brain, 4—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 4—gastritis, 1—hæmorrhage, 1—disease of the heart, 2—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 5—measles, 1—cerebro-spinal meningitis, 1—old age, 1 1—paralysis, 1—peritonitis, 1—premature birth, 1—smallpox, 8—stricture, 1—syphilis, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 27—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 15—above 60 years, 9. Born in the United States, 51—Ireland, 13—other places, 9.

THE

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EXCISION OF JOINTS FOR TRAUMATIC CAUSE

[Read before the Norfolk (Mass.) District Medical Society, January 16th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Z. B. ADAMS, M.D., of Roxbury.

THE very complete and able monograph of Dr. Hodges,* which received the Boylston Prize for 1861, prepared the way for the vast accession to our knowledge of the subject of excision of joints furnished by the published reports of the surgery of our late volunteer armies. These reports are not yet complete, but they are nevertheless sufficient to establish certain points of great practical importance. The valuable work of Dr. Hodges enables us at a single glance to see precisely what was known and what had been done in this branch of surgery previous to 1861, and to compare it with what has been done in this country since. So far as its influence extended, this carefully written monograph must have inclined the profession to regard these operations with favor, and may have directed the practice of our army surgeons. However that may be, the number of cases of excision of joints for traumatic cause during our late war was by many times greater than that of all cases on record previously, and considerably greater than that of all recorded cases of excision of joints for whatever cause. No one surgical procedure practised in our armies has had so much light thrown upon it as this; no one can be compared to it in the importance it bears in encouraging us in the path of true conservative surgery.

From the account of the early history of these operations given in Dr. Hodges's paper, it appears that the practice of excision of joints for injury or disease is probably of recent origin, dating no farther back than the latter part of the last century, and that it has been recognized as a legitimate resource of surgery only within a few years. The first example in this country was a case of excision of the shoulder-joint, successfully performed by Dr. William Ingalls, of Boston, in the winter of 1812–13, for gun-shot wound.

Circular No. 6, War Department, Surgeon-General's Office, November, 1865,* contains a summary of the surgery of the war during a period of about three years, or three quarters of the time. In this report is a very complete account, in tabular form, of thirty-two cases of excision of the head of the femur, four of which recovered. Previous to 1861, there had been twelve cases for gun-shot, and one recovery. This report contains five hundred and seventy-five (575) cases of excision of the head of the humerus. Previously, there were ninety-six (96) for traumatic cause, and fifty (50) for disease.† Of excision of the elbow there are three hundred and fifteen (315). Before 1861 there were but sixty (60) cases on record for injury. These numbers include both partial and complete, primary and secondary, excisions.

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* Excision of Joints. By Richard M. Hodges, M.D. Boston. 1861.

It is to be regretted that we are not yet in possession of certain statistical facts relating to these operations of higher importance, perhaps, than their numbers and rates of mortality. The very able and thorough manner in which the work has been thus far prosecuted at the Surgeon-General's Department, is a proof that much light will yet be thrown upon the obscure points, and that, from data furnished, by this country alone in the short space of four years, will be deduced for the first time an estimate of the value of these operations, very nearly approximate to the truth. One point of special importance has yet to be elucidated, and that is to know the ultimate results, and to compare them with those of amputation and with those where there has been no operative interference. Another point of great importance, especially in excisions of the elbow and other ginglymoid joints, is the question of the relative dangers of partial and complete excisions, and to determine the precise value of the fact that in these joints the former are more unsuccessful than the latter. "The returns for three-fourths of the entire period give 315 cases of excision of the elbow, and the results are ascertained in 286 cases. In 16, amputation of the arm became necessary; 62 terminated fatally, or 21·67 per cent., which is a mortality a fraction greater than that resulting from amputation of the arm. This result is altogether opposed to the Schleswick-Holstein and Crimean experience, and will doubtless be modified when the statistics are completed. It may be ascribed partly to the fact that the returns for the earlier period of the war include quite a large proportion of partial excisions, which are far more hazardous than complete removal of the articular surfaces."—(Circular No. 6.) It seems, therefore, to be admitted that excisions of the elbow, if complete, are less fatal than amputations of the arm. But were this not so, the exceedingly happy results of this well-established operation‡ would fully justify its performance in all such cases of injury to this joint as would otherwise call for amputation above the elbow; for, in deciding between excision and amputation in cases of joint-injury, there is, besides the relative fatality, a question of scarcely less importance, and that is, how far the value of the member which it is sought to preserve may be impaired by excision; or in case of amputation, to what extent the loss of a limb may be supplied from the resources of human ingenuity. But, as Dr. Hodges observes, the question is not always the easy one between excision and amputation, but often the more difficult one between excision and the chances of expectant treatment. This is sometimes exceedingly perplexing, nor is it easy to define the precise grounds upon which to found a decision. This point, also, will doubtless be elucidated in a great degree, when the Reports of the Surgeon-General's Office are completed.

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* Reports on the Extent and Nature of the Materials available for the preparation of a Medical and Surgical History of the Rebellion. Philadelphia. J. B. Lippincott & Co.

† Taken from Dr. Hodges, who seems to have thoroughly sifted the bibliography of the subject.

‡ "A single illustrative case" is given in Circular No. 6. A soldier, aged 21, was wounded by a musket ball, "which shattered the inner condyle of the right humerus and the olecra-

Of excisions of the wrist there are thirty-five (35) cases, and the mortality rate is about 8 per cent. less than that of amputation of the forearm, and perhaps a little greater than that of amputation at the wrist. But the important point of the amount of mobility and usefulness of the hand after this excision, is not yet clearly ascertained.

With regard to the lower extremity—The mortality from amputation at the hip-joint for gun-shot wound is found to be 88·03 per cent. for all recorded cases (103); that for excision in like injuries in our army, 87·5; whilst the results of expectant treatment, so far as they appear upon the records, are yet more disastrous.

Prior to the late war, there were but seven (7) cases recorded of excision of the knee-joint for gun-shot, with two recoveries. This operation was performed eleven (11) times in our army, with two recoveries, also. The mortality, then, is 77·78, which shows that this operation is one of the most hazardous in army surgery, being perhaps more fatal than amputation at the upper third of the thigh.

The results of excision of the ankle-joint are also very discouraging. Our army returns thus far show 18 terminated cases, of which 12 recovered and 6 died. "The judicious use of the gouge and bone-forceps is admissible in gun-shot wounds of the ankle-joint; but formal excisions are rarely successful."

From the foregoing facts can be deduced the following maxim:—When dealing with severe injury of any of the joints of the upper extremity, the surgeon should never overlook the fact that the best mechanical appliances which the ingenuity of man has yet devised. make a quite ineffectual substitute for the wonderful mechanism of

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non process of the ulna." Twenty-three days after, "Surgeon Charles Page U.S.A. excised the elbow-joint, employing the H-shaped incision. Two and a half inches of the lower extremity of the humerus, an inch of the upper extremity of the ulna, and a small portion of the head of the radius were removed." Two years after, the soldier re-enlisted. Surgeon Dougherty, Medical Director of the Corps, who examined him, says:—"The man went through the manual before me, and stated his readiness to do all the duties of a soldier. The degree of motion was perhaps one third of the normal amount."

the human forearm and hand, even when motion is impaired or partial, while it is an established fact that the dangers of excision are, on the whole, inferior to those of amputation.[*] Whereas, in case of compound dislocation or fracture of one of the joints of the lower extremity, it should be remembered that excision is attended with more danger than amputation; that the various forms of artificial leg serve both the purposes of support and locomotion; and that a leg from which a joint has been excised is often worse than useless.

What has been learned concerning excision of the shoulder-joint for injury? Dr. Hodges collected 96 cases for traumatic cause. In our army there were 575 cases, or six times as many.[†] Of the previous cases, 53 were known to be primary, and 34 secondary, excisions. In the former the fatal results were 30·18 per cent., and in the latter 17·64, being 12.54 per cent. in favor of secondary operations. Dr. Hodges draws the inference from these numbers that primary operations are more dangerous than secondary, and further adduces the authority of Esmarch and others in support of this opinion. He also states that this was a conviction established in his own mind from a consideration of the many circumstances which seem to favor secondary operations in these cases. In point of fact the reverse is shown to be true from our hospital reports, by an accumulation of evidence so great as to put out of the question all previous statistics on the subject. In 252 primary operations the percentage is 23·3 fatal, and in 323 secondary ones the ratio is 38·59, being 15·29 per cent. in favor of primary excision of the shoulder-joint for gun-shot. It would seem that this must be admitted to be very near the truth, when we consider under what adverse circumstances many of these primary operations must have been performed, while the secondary ones were probably most often practised in comfortable hospitals, and "with all the appliances and means to boot" to guaranty success. The surgeons who performed the secondary operations we may assume to have been on the whole more skilful, or at least, primary operations, being most frequently practised on or near the field of battle, or among the distracting and pressing emergencies of crowded field hospitals during sanguinary and dubious engagements, were necessarily often performed in a hasty and unskilful manner. Not only this, but, as Dr. Hodges remarks, "as a rule it is the less grave injuries, those which hold out some hope of success under expectant treatment, that are reserved for secondary operations, while time, and the establishment of suppuration, enable the surgeon to define the extent of the lesion more exactly than can ordinarily be done at the moment of receiving the injury, thus securing a more thorough and perfect removal of all diseased or injured structures." To these considerations must be added the fact, that, after secondary operations, the patient is rarely subjected to exposure to the elements, or to dangers, fatigues and shocks, from transportation or other causes, to all of which soldiers operated on at the field of battle are liable. It may be quite safely asserted that primary excisions of the shoulder-joint for gun-shot are much less fatal than secondary ones.

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[*] The rate of mortality in amputation at the shoulder (according to Malgaigne 50 per cent.) is, In our army, 39·24 per cent.; that in excisions of the head of the humerus, primary and secondary, 32·18, or about 7 per cent. less.

[†] The whole number of amputations at the shoulder in our army was 453, or 117 less than the number of excisions thus far reported. This is highly creditable.

Excision of the head of the humerus is the operation appropriate to all serious injuries of the upper part of that bone, unaccompanied by damage to the great vessels or nerves, or by very extensive destruction of the soft parts. Mere splitting of the shaft longitudinally does not necessitate amputation, which may, however, be proper in case the bone is splintered or comminuted for more than half its length. Excision, and not amputation (with the partial exceptions above noted), should be resorted to in all severe compound injuries of the upper part of the humerus, not lesions of the head of that bone alone, but in those occurring about the surgical neck, and accompanied with longitudinal splitting, even though the epiphysis, as is frequently the case, be not implicated in the fracture. It is found that no good purpose is served by excising a portion of the shaft and leaving the head, while excellent results have followed excision of the head, with five or even six inches of the shaft.

In Circular No. 6 is cited the case of private Jno. F. Reardon, 6th N. Y. Cavalry, in whom the head and upper third of the shaft of the humerus were excised on the day following the receipt of the wound, and a piece of shell four inches long and one broad extracted from beneath the deltoid muscle. Two years after the operation, he could move the arm backwards and forwards, and carry his hand to his mouth, while motion in the forearm and hand was unimpaired. This is given as a typical case.

Gun-shot wounds of the upper end of the humerus are often complicated with injuries to the coracoid and acromion processes, to the glenoid cavity, to the clavicle, or to the body or neck of the scapula. Ordinarily, decapitation of the humerus is alone required. Fragments of the scapula may be removed or left to exfoliate without danger, although the suppuration is thereby increased and recovery protracted. Complete excisions have, however, been successfully practised, and large portions of the clavicle and scapula have been removed, together with the upper part of the humerus. On the other hand, partial excisions have been found to succeed remarkably well in the shoulder-joint, and we have good authority for the opinion that the glenoid cavity had better be let alone, and not interfered with by sawing, cutting or gouging. Where only a portion of the head is removed instead of the whole, motion, it is said, is apt to be more restricted after recovery. Fatal or unfortunate results of partial excisions seem to be less frequent in the shoulder-joint than in the ginglymoid.

In excisions for traumatic cause, no precise form of operation can be laid down, and the procedure must vary according to the extent and nature of the lesion and the condition of the soft parts. It is certain that, in a very large number of cases, the extent of the lesion cannot be accurately defined previously to the operation. The rule should therefore be to begin the operation as if it were exploratory, destined to be completed or amputation substituted, according to the nature of the case, the first incisions being such as would apply in case of amputation.

Great care should be taken to cover the soft parts while sawing or cutting the bones, as undoubtedly suppuration is often prolonged, and recovery retarded, by the presence of dust, shavings, or splinters of bone, in the wound. It is unnecessary to do more than snip off the sharp points and irregularities of the shaft, and by no means is it essential to follow a fissure far down for the sake of cutting only through sound bone.

The success of these operations, especially primary ones, in military practice, would seem to show that the after-treatment is not very important. The parts should be guarded against irritation or great displacement. It has been recommended to put a pad in the axilla to prevent the upper part of the bone from being drawn inwards. It is doubtful if this is of the slightest use. Rest upon a pillow for a few days, and gentle compression to prevent burrowing afterwards, appear to be all that is required. The limb should, of course, be supported by a sling. Passive motion may be begun early, although anchylosis is little to be feared. The chances of this latter accident are said to be greater in rapid than in slow recoveries from excisions of joints; but this opinion, like that of Esmarch that excisions of the right side are more successful than those of the left, will very likely prove to be unfounded[*]

The following passage from the monograph of Dr. Hodges is peculiarly applicable to-day:—"At the present time the value of a limb from which the joint has been excised, the comparative dangers of the operation, the joints to which experience shows it to be properly applicable, and the conditions of disease or injury under which it may be performed, as well as the extent and manner of operative interference, can all be estimated better than ever before." Taking into account the dangers of primary excision for traumatic cause as compared with those of the amputation which it replaces, and looking at excision of joints in the light of a method of conservative surgery, having regard to the ultimate value and usefulness of the limbs which it seeks to preserve, the following conclusions may be drawn from what has been said above.

Excision of the shoulder-joint is greatly preferable to amputation, inasmuch as it lessens the risk to the patient, and leaves him with a useful forearm and hand. The excision should be primary. The same is true to a less extent of the elbow, and still less of the wrist.

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[*] This opinion of Esmarch is not sustained by the statistics of our army surgery.

Whenever operative interference is required for injuries of these joints, especially for gun-shot, amputation should, if possible, be made to give place to excision.

On the other hand, while excision of the head of the femur offers no advantages over amputation, the latter is to be preferred to the former in injuries of the knee- and ankle-joints, the question in these being between amputation and the chances of expectant treatment.

NOTE.—The whole number of cases of excision of the knee- and ankle-joints is perhaps too small to warrant conclusions to which may be given the significance of rules. That they are few is due to the fact that their danger is well recognized, since the opportunities for them must have been very numerous. There still remains much to be learned concerning excisions.

MEDICAL BOTANY OF NORFOLK COUNTY.

[Read before the Norfolk (Mass.) District Medical Society, January 16th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JOSIAH NOYES, M.D., of Needham.

WHEN native plants in profusion around us offer therapeutic powers well adapted to many of our cases, is it wise to reject them for foreign ones of no greater efficiency? Viewing the number, qualities and power of our native astringents, I see no need of importing a single article of this class. From native plants growing in this vicinity may be extracted all the tannin, or tannic and gallic acid needed for our practice and use in the arts, and many or most of them possess also tonic powers; and while they condense, by their styptic power, the loose tissues, give tone to the various structures, and also in the restraint of hæmorrhages have a hæmostatic power. It is in this way that the Erigerons, or fleabanes, have been supposed to act. Some plants, as the Geum, Geranium, &c., are simply astringent; some are astringent and tonic, as the Cornus, or cornels, the bark of the apple tree, maple, or acer family, and a large part of our arboreous plants. Some combine the aromatic with the astringent principle, as the Betula lenta, or black birch, Gaultheria procumbens, or partridge bush, or spicy wintergreen. Many possess also a diuretic power, as the Pyrolas, Arctostaphylos uva ursi, formerly Arbutus uva ursi, dry cranberry or bearberry; Cephalanthus occidentalis, button bush, &c. But, with regard to the diuretic effect of medicines, not a little depends on the nature, quantity and quality of the menstruum. Pure water alone, in quantity, is well known to have this effect. Many plants have the reputation of diuretics, though possessed of feeble medicinal power, as the Stellaria media, found growing in gardens and about houses as a weed, and called chickweed; the Galium, of which there are several species found in this vicinity, and called cleavers or bed-straw, also, sometimes, "goose-grass." The species "Aparine" is the one generally used medicinally in infusion, but they all seem to possess similar powers. The G. verum is seen occasionally on the roadside, and having rather dense racemes of yellow flowers. These are sometimes used to impart a yellow color to butter and cheese. Another species—G. circæzans—has a sweet taste, hence called wild liquorice. This may be used as a demulcent in coughs and irritations of the air-passages. The G. tinctorium is more used as a red dye. So it is with a large portion of our genera and species; they combine with one common property several others. These are not in the new U. S. Pharmacopœia; but you will bear in mind that it is not my intention to confine myself, in these researches, to officinal articles, otherwise I should refer you to the revised standard.

Many plants cultivated for ornament or other purposes might be made subservient to our materia medica—such as the aconite, a handsome ornament of our gardens, yet a powerful sedative and narcotic, controlling the circulation not much less efficiently than the veratrum viride, which has for some time past acquired considerable reputation for such purposes. Its alkaloid aconite is too powerful to be carelessly used, but safe in its properly reduced dose of the fraction of a grain, although seldom used internally. The digitalis, though introduced, seems at home in our gardens, is easily cultivated, and possesses useful medicinal properties, being narcotic, sedative and anodyne. I have availed myself of its use for many years. It may not be generally known that the flowering spurge—Euphorbia corollata—so showy in our gardens, is a drastic cathartic, and may be made to take the place of colocynth, elaterium, or other imported articles. The colocynth, however, seems not to be very difficult of cultivation. The may-apple, or mandrake—Podophyllum peltatum—both a native and cultivated plant, is occasionally found in our region, is a good and safe cathartic; its alkaloid is podophyllin, which, though more powerful, has no advantage over the plant in extract or powder.

If a pungent stimulant is desired, we have it in the Arum triphyllum, as we have usually had it in botanies, but in Gray, Drisæma triphyllum, commonly called Indian turnip, or dragon-root, found in rich woods, with a peculiar flower, consisting of a spathe and spadix, the former folded over the latter in the form of a hood. The solid turnip-shaped root and a cluster of bright red berries around the base of the spadix are, in the recent state, intensely acrid, causing a severe burning and pain of the tongue, not soon forgotten, if chewed. But, by drying, it loses most of its pungency, and is then, in domestic practice, grated into some warm liquid and given as a carminative in flatulent colic, &c.

A species of Polygonum (P. hydropiper), smartweed, growing in wet places abundantly, in company, often, with other varieties of this plant, is, in its recent state, a warm or pungent stimulant, and used in cases like the preceding; and, like it, loses its pungency by drying. These, or others of their class, would supersede or be fully a substitute for the boasted "painkiller," pain annihilator, or "great medical discovery." Other more moderate and permanent stimulants are found in the Zanthoxylum fraxineum of the U. S. Pharmacopœia, or prickly ash, often seen as small shrubs on our roadsides and about our dwellings, as though in their natural *habitat.* The Liriodendron tulipifera, or tulip tree, found occasionally along the southern border of our State (and I have seen it even in our district), has similar properties; but it is sought and cultivated as an ornamental tree more than a medicine, being straight, tall and handsome, with flowers somewhat like a tulip, as carelessly viewed; hence its common name. The tree is surpassingly beautiful, the foliage rich, the leaves four-lobed in a peculiar manner, the lobes being somewhat acute, the interspaces between them having very obtuse angles. With the stimulant it combines aromatic and tonic properties. Such trees are worth cultivating.

In strong contrast with this in size, &c., is a plant, though introduced, so often seen in gardens as to seem naturalized, and deserving a passing notice—the Capsicum annuum, or Cayenne pepper, possessing a pungency well understood. This seems to enter into a large part of the nostrums of the day.

If a cathartic be wanted, we have a plenty within reach and easily obtained. The Podophyllum, before mentioned, though in its wild state rather rare, might doubtless be easily cultivated, and would afford a supply. The natural order Juglandaceæ affords some reliable plants possessed of cathartic or laxative powers, whose inner bark, in the form of powder, pill or extract, may be safely used to unload the bowels, draw off redundant bile, and, if rightly managed, obviate costiveness without injuring the tone of the stomach and bowels, especially if a little rhubarb be used in combination with it. The Juglans cinerea, or butternut, is the one commonly used for this purpose, though other species, not found in our vicinity, may possess similar properties. It is found in rich, often rocky soil, attains to considerable size, though not very tall, has pinnate leaves, leaflets and fruit beset with clammy hairs, the nut hard, harsh and rougher than any common grater, but enclosing a meat or kernel of surpassing richness. This tree is often used in dyeing. Among the cathartics, I would call your attention to a plant which, though introduced, appears well suited to our soil and climate, and as well naturalized as many of our indigenous plants; and though more cultivated for hedges and ornament than for physic, is yet as efficient for the latter purpose as many articles of our materia medica; and though rejected in the last issue of our U. S. Pharmocopœia, was included in former ones and other Dispensatories—I mean the Rhamnus catharticus, or buckthorn—which I think may well still claim our attention. It may be used in powder, pill, extract or syrup—the last being the form in which it is commonly used, although sometimes the berry is chewed and swallowed when a cathartic or laxative is wanted. The shrub, being offensive to most animals, is safe from their depredations, as well as from the attacks of most insects.

As it is not my purpose at this time to be very formal in my remarks, I have thought best to call your attention to a number of plants rather promiscuously selected, that, in the *interim* between this and another meeting, you may subject them to your scrutiny and report your success or experience then. Some, who have had a prejudice against calomel, have sought a substitute, and thought they had found it in the buckthorn—Rhamnus catharticus, just spoken of—the mandrake, or may-apple—podophyllum—the butternut extract, the Taraxacum, or dandelion, formerly the Leontodon, or Dens leonis; and, finally, last, but not least, in the tomato, a species of the Solanum, a family of narcotics, but modified by cultivation into harmless and useful nutrients. But for all these arrogant assumptions you will find no full warrant; and calomel, blue powder and blue pill must occasionally, perhaps not very often, be resorted to in the treatment of disease in some of its multifarious forms. So the lancet finds a competitor in the digitalis, veratrum viride, colchicum and other sedatives and narcotics.

As many of our drugs and medicines, especially imported ones, have latterly been very expensive, it is good economy to look about and see what therapeutical agents we have among us; and another hand, in the Boston Medical and Surgical Journal (Vol. 70), has called your attention in a measure, I trust, to this subject (Dr. Weld, of Jamaica Plain). I would not be deterred from the use of therapeutic agents of one kind or another, because eclectics, homœopathists or Thomsonians include them in their materia medica. As the bee collects honey from all plants that secrete nectar indiscriminately, so let us wisely avail ourselves of all resources within our reach, to cure or relieve sickness and suffering, and make the burden of medical attendance as light as possible. People should be advised to resort to medicine as seldom as possible, but when recourse to it must be had, the remedy should be as simple and well adapted as is practicable. In this way we may hope to lessen the amount of quackery, fostered by flaming advertisements in almost all our newspapers and periodicals, not even excepting the religious! Why may not some pill, powder, extract, syrup, or troche, compounded from our Pharmacopœia, be furnished to our stores and shops in quantity to supply them, and at a moderate price?

It cannot be expected that in a communication to be read at one meeting, and at that, Mr. President, a discussion expected and ten papers in readiness to be read, I should be able to comprise within proper limits a very large part of my subject. But there are a few more plants to which I would call your attention at this time. In this connection I must not omit to mention a papillionaceous plant, with yellow flowers, long an inhabitant of my premises, and occasionally seen along the roadside and border of woods, which I have many times used as a substitute for the foreign senna, and which is often used in domestic practice—Cassia Marilandica, or American senna. It is a beautiful plant, with pinnate leaves, abundant and bright yellow flowers, clean and free from the depredations of insects, seldom molested by animals. Its properties are similar to its foreign co-species, and may be used where that is called for or needed. It can be given in powder, or a pill, with other substances, tincture, extract, syrup, but especially infusion or decoction, with or without salts.

In pastures with a good, rich soil, in bushy land, on the border of woods, and even along the roadside, at this season of the year, your attention will be caught by abundant clusters of bright-red berries on leafless branches—the leaves having previously fallen—and made thereby peculiarly conspicuous. This is the Prinos verticillatus, a bitter and useful tonic, with a degree of astringency. The berries, on being chewed, are very bitter and acrid, so as to leave a strong impression on the mouth and fauces. In common with cinchona, cornus, &c., it is reckoned antiperiodic as well as tonic and astringent, the berries and bark being used. Its alkaloid is Prinosine, of which the dose is half a grain.

At this season, or in the autumn, when the leaves are falling, or have fallen, leaving the branches leafless, and most other flowers have deserted us, being nipped by frost, innumerable flowers, with long, ligulate or linear yellow petals, may be seen on large shrubs—not quite trees; this is the Hamamelis Virginiana, or witch hazel, the latter term having reference to a peculiar use made of it. In times gone by, if not at present, it was supposed that minerals and water might be indicated by its use as a divining rod. But this is not the best use of it. It has tonic and astringent powers, adapting it to dysentery, looseness of the bowels, or chronic diarrhœa; or as an astringent collyrium, or in decoction or poultice to painful tumors or hæmorrhoids. It is also useful for dyeing black or blue-black, like the red maple, or acer rubrum—the most common maple among us of the native kind.

We have, too, good and efficient expectorants, viz., such as possess a degree of acrimony, like the Lobelia, Sanguinaria, the Terebinthinates, Asters, Solidagos, Polygala, some species of the Asclepias, especially the A. tuberosa, or butterfly weed, or pleurisy root, a pretty ornament for the garden or foreground of a house. The Inula helenium, or elecampane, of the natural order Compositæ, a coarse and rather tall perennial, seen growing on roadsides, &c., is too good an expectorant to be rejected, and deserves a more extensive use than it has. The Alliaceous plants—as the onion, garlic, leek or cives, &c.—aid the lungs to rid themselves of an incumbrance to which they are subjected, and by which they are oppressed. These last, though introduced, are generally at hand, having a place in the garden. The squill, Scilla maritima, an exotic, has its place among this class of remedies and this natural order.

There are others, equally meritorious, to which I should like to call your attention if there were time; but better too little than a surfeit. A few of them are the Asarum, Aralia, Anemone, Ceanothus, Clematis, Comptonia, Coptis, Gerardia, Phytolacca, Pyrola, Prunus, Prunella, Quercus, Rubus, Rhexia, Rhodora, Rhododendron, Salix, Scutellaria, Sanicula, Solanum, Celastrus, Osmunda, Adiantum, &c.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. SAMUEL CABOT.—NO. IV.

Reported by F. R. Sturgis.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—*Fracture of the Bones of the Thigh and Leg on the same Side; Recovery.*—A. P., a negro child, æt. 6, entered the Hospital December 5th, 1866, with a fracture of one hour's duration.

On examination under ether, the left leg was found fractured in two places, viz., about the middle third of the femur, and the upper third of both tibia and fibula. Both fractures were simple and not comminuted.

While under the influence of ether, a Dupuytren's splint was applied; but as it was found not to answer the indications of the case, it was, on the 7th, changed for extension by means of adhesive plaster for the femur, and side splints for both femur and tibia. The case progressed well, and on the 26th the following record was made:—"The femur and bones of the leg have united well, with quite a large callus." On the 28th, the splints were removed, and the union was found to be firm. There was no stiffness of the knee-joint whatever.

The patient was kept in bed (but without any apparatus) for prudential reasons, lest the callus should not be firm enough to bear the weight of the body. The wisdom of this was seen even while in the recumbent posture, for, on the 31st, the splints were resumed, on account of a tendency of the limb to bow outward at the points of fracture. They were retained until January 9th, 1867, when, the leg and thigh having been found united by a firm callus at the fractured points, and without any further bowing of the limb, she was discharged, well.

Remarks.—The points worthy of notice in this case are:—First, the occurrence of a double fracture in the same leg; second, the recovery without any stiffness of the knee-joint; and, thirdly, the prudence and necessity of continuing the use of the apparatus for some time after the apparent firmness of the callus, more especially in children, in whom it is rapidly thrown out, and in whom deformity is often produced by attempts to use the injured part too soon.

Case II.—*Tumor of Iliac Region; Recovery.*—A. D., native of Ireland, æt. 25, domestic, and single, entered the Hospital Dec. 12th, 1866. Patient has never been robust or in very good health. In October, 1866, she strained herself, which was followed by a swelling between the iliac and pudic regions, above Poupart's ligament, on the right side, and was attended by cramps. Saw no medical man at the time, but took some laxative pills, which moved the bowels freely. Was not at that time confined to bed.

This condition of things, viz., pain and swelling, went on until the 6th instant, when the pain increased without any known cause. On this day, the bowels were moved for the last time up to the present date. On the following day (7th), vomiting occurred, which lasted for two days, and was supposed by Dr. Putnam (her medical attendant) to have been due to the opium which she had taken. One ounce of castor oil and an enema of soap suds and water failed to produce any evacuation. The pain in the swelling was so severe as to resist the action of opiates.

At entrance, in the right side, between the iliac and pudic region, above Poupart's ligament, is seen and felt a swelling, not circumscribed, painful, and gives no fluctuation. No rectal or vaginal examination was made, on account of pain. The expression of the face was anxious, the skin cold and clammy, pulse weak and rapid, respiration tranquil, sleep and appetite disturbed by pain. She was ordered, rest in bed, and light diet, poultice to swelling, elixir opii, gtt. xl. p. r. n., and the leg was supported on a pillow.

The pain diminished from date, and on the 16th she had three or four loose dejections from the bowels without the aid of medicine, the first she has had since the 7th, and attended with severe pain. The discharge was reported by the nurse to resemble the white of egg, without fæcal odor, fæcal matter or blood.

On the 17th, had two or three discharges, looking and smelling like the albumen of an unboiled egg. Their consistence is thin, with abundant flocculi, of a light color, and not unpleasant smell. A specimen was sent to Dr. J. C. White for examination, but unfortunately, as he was absent at the time, it was spoilt before examination.

The tumor, although diminished in area, has become more prominent and circumscribed. Some resonance on percussion, noticed for the first time since entrance.

Dec. 18th.—Five dejections yesterday, two during night, attended with much pain; character, same as before. Can bear quite a firm degree of pressure. Tumor more prominent and less diffused.

21st.—Pain in bowels diminished. Number of dejections less, as is also the daily quantity passed. Their nature unchanged. Area and prominence of swelling diminished.

25th.—As she had had no movement of the bowels for some days, she was directed to have ol. ricini, ʒ i. every three hours, till bowels moved.

26th.—Three dejections from one dose of oil (ʒ i.), with fæcal odor and look; the first since entrance. Less pain in bowels. Less dulness over tumor, with some crepitus, as of air. Appetite improving. One drachm of ol. ricini to be given again.

27th.—Ate fruit yesterday, contrary to orders, in consequence of which she suffers from pain in bowels. One dejection last night; in character as at first (albuminous). Did not sleep well.

28th.—Yesterday, after ʒ i. ol. ricini, had an attack of vomiting, the same to-day, without any apparent cause. Pain increased. One dejection.

30th.—Pain in bowels still severe. No dejection since 28th inst. Tumor of side somewhat increased in size.

Jan. 1st, 1867.—Pain in side diminished. One dejection yesterday. Percussion resonant throughout former spot of dulness.

She went on improving, and on the 9th I find the following record:—Bowels regular; discharge healthy in character, and not as before. No swelling visible. Resonance good. On the 13th, however, she reported quite severe pain in the right side, on the site of the previous swelling, unattended by any preceding chill. No alvine evacuation for two days. Appearance of side as on 9th. Was ordered to have ol. ricini, f ℥ ss.; sennæ tinct. comp., f ʒ i. M. This had the desired effect, and on the—

15th.—She was reported as doing well. No signs of swelling left. Was ordered to sit up, and to have solid food for the first time.

From this period she steadily improved, the only treatment being occasional enemata, and doses of oleum ricini for constipation of the bowels, up to February 2d, when she was discharged with the following note: Bowels regular, and discharges normal. No further swelling.

Remarks.—This case is of marked interest from the long and insidious mode of its attack, before it became sufficiently painful to confine the patient to bed. The question as to its having been a diseased ovary was set at rest by the position being too low; by the fact that abscesses of the ovary are rare in non-puerperal or pregnant women; by its presence as a diffused, and not a circumscribed tumor, and by its hardness. The discharge of matter, which came per rectum on the 17th (five days after entrance), is worthy of notice, and it is much to be regretted that it was not examined. It was undoubtedly pus (as Dr. J. C. White said when he saw it with the eye), but still not presenting the usual appearance of that fluid. In this case the only treatment was, rest, opiates, light diet, and afterwards mild laxatives.

The mode of its evacuation is the most common one taken by these abscesses, and it is worthy of notice that in this case the usual concomitants of iliac abscess, viz.: vesical tenesmus, and a sense of weight about the pelvis, were not complained of.

MENTAL TOXICOLOGY.

[Communicated, by request, for the Boston Medical and Surgical Journal.]

By James H. Denny, M.D.

Mental Toxicology may be defined to be that branch of psychological medicine which discusses the action of mental processes in impairing or destroying vital functions. As it is unusual to classify the deleterious influences of the mind upon the body among toxicological agents, it will be necessary to be somewhat precise in definition. Mind is complex, and can only be defined by its attributes.

Mental attributes, or processes, are those of (1) Cognition, or "the act of energy in thought * * * during which man attains to knowledge of a thing."—(Laycock.) (2) Emotion, or "the phenomena of pleasure and pain." (3) Volition, or "the phenomena of desire and will."—(Hamilton.)

The vital processes are Innervation, Circulation, and Nutrition.

A poison is defined by Dr. Taylor as "A *substance* which, when absorbed into the blood, is capable of seriously affecting health or of destroying life."

Neurotic poisons act *principally* through the cerebro-spinal nervous system, and primarily affect the vital process of innervation. They involve circulation and nutrition secondarily, according to their mode of exhibition. Giddiness, delirium, stupor, paralysis and convulsion are some of the prominent symptoms produced by neurotic poisons, of which strychnia and opium are familiar examples. The convulsive action of the cerebro-spinal nerves in chorea is similar to the effects of this class of poisons.

Irritant poisons *mainly* implicate the ganglionic system, and the vital process of circulation. Irregular pulse, cold pallid skin, nausea and purging, characterize the effects of these poisons, of which arsenic is a typical example.

The symptoms of cholera—although the cerebro-spinal nerves may be also involved—are analogous to irritant poisoning.

Having thus imperfectly glanced at the classification and effects of material poisons, I shall endeavor to show that similar symptoms may be caused by the toxical agency of the mind acting through the cerebro-spinal system as a mental neurotic poison, and through the ganglionic system as a mental irritant poison; that in both instances it is "capable of seriously affecting health, or of destroying life," and may therefore be entitled to rank with a "poisonous *substance* absorbed into the blood."

In searching for a mental neurotic poison, it will be requisite to analyze some of the attributes of mind, even at the risk of seeming pedantry.

Among other sub-divisions of the cognitive faculty, Sir William Hamilton includes the special faculty termed the Presentative, or that of external perception, through the medium of which there is "a presentation of the order of nature to the consciousness through the senses." Knowledge results. Another special faculty is the Representative, or Imagination. "It is the power which the mind has of holding up vividly before itself the ideas which it has recalled into consciousness."—(LAYCOCK.) Finally, the power which the mind possesses of modifying the knowledge which it receives, in conformity to its proper nature, is called the Regulative Faculty, Reason, or Common Sense. It is the co-ordinating power, by which harmony is maintained in the other faculties.

Will and Desire can only be manifested through the cognition —"*Ignoti nulla cupido.*" "Mere cognition is insufficient to determine the will, without the intermediate influence of the emotions." The will, moreover, is a deliberate, and desire a "blind and fatal tendency to act."—(HAMILTON.)

Whenever the control of the regulative faculty is lessened, and imagination is allowed to usurp the place of common sense, a predisposition is formed, both in society and in the individual, favorable for the production of specific disease, and death, through the agency of mental impressions. Ignorance is the most frequent cause of this loss of regulative power. Morbid sympathy, which is a modification of desire, "or a blind and fatal tendency to act," is the common result of this condition of mind.

Desire, then, as thus explained, I shall endeavor to establish as an acute mental neurotic poison. In illustration, I shall refer to the epidemics of the spasmodic dance of St. John, the convulsive dance of St. Vitus, particularly in Germany, and to the tetanic bacchanal of tarantism in Italy, during the middle ages, also to certain fanaticisms in more modern days.

Every country in Europe had been devastated during the middle ages by plagues and famines, in quick succession. Civilization was rude, and human life was lightly esteemed. Law, which bears the same relation to society as the *will* to the individual, was but little regarded. *Ignorance,* superstition and fear every where prevailed. The terrible plague strewed the highways with thousands of unsepulchred dead, whose loathsome terrors spread pestilential horror among perishing millions.

Ignorance ascribed the origin of the pestilence to the poisoning of the wells by the Jews, and *reason* yielded to a fearful *imagination.* Popular *passion* raged with malignant fury, and a "*blind desire*" for vengeance culminated in frightful deaths by fire and sword to thirty thousand Israelites.

Morbid sympathy originated the brotherhood of the Flagellants, who, in frenzied multitudes of thousands, made penitential pilgrimages all over Europe, scourging themselves with bloody zeal, and offering prayers for the averting of the plague.

This diffused morbid sympathy, developed into an imitative impulse, manifested itself as an acute mental cerebro-spinal poison in the extraordinary epidemic of the howling dance of St. John. Dr. Hecker says that, just after the subsidence of the Black Death in 1374, "assemblages of men and women were seen at Aix-la-Chapelle, who had come out of Germany, and who, united by one common delusion, exhibited to the public, both in the streets and in the churches, the following strange spectacle. They formed circles hand in hand, and appearing to have lost all control over their senses, continued dancing for hours in wild *delirium,* until they fell exhausted." Sometimes the attack commenced with *convulsions,* and those affected fell *senseless,* panting and laboring for breath, and then they, suddenly springing up, began to dance with strange contortions. At Metz the streets were crowded with 1100 shrieking dancers. "Peasants left their ploughs, mechanics their workshops, housewives their domestic duties, and children their parents"—having imbibed the *poison* of this mental infection, and joined in the corybantic carnival —*ignorantly* impelled by an "all conquering *imagination* to *imitate* what they had seen."

The dance of St. Vitus was of similar character, and depended upon that "disposition of mind, altogether so peculiar to the middle ages," and which has *partially* been counteracted in its poisonous influence by the antidotal diffusion of popular *knowledge* in modern times. It attacked rich and poor, strong and weak, indiscriminately. Multitudes would violently jump, roar, and dance with such fury and extravagance of action, that many *died* from the violence of the attack, while others were *paralyzed,* and suffered with a tormenting tympany.

One form of this Chorea Sancti Viti was called by Paracelsus—"Chorea Imaginativa"; and another, "Chorea Lasciva." He taught that it arose from *sensual desires* depending on the will. It is probable that it was aggravated by what Mr. Baker Brown would call "peripheral irritation of the pudic nerve." The theory of reflex excitability seems to have been understood, for Paracelsus recommended severe corporeal *chastisement* as the most efficient therapeutical agent. The treatment which was efficacious *then,* would not, unfortunately, receive commendation *now,* notwithstanding the vaunted diffusion of knowledge. A very similar kind of chorea lasciva, depending upon *like causes,* and epidemic *now* in the form of "*Black Crook,*" is *treated* with popular *applause,* and lavish *remuneration.* Well might the medical and moral philosopher meet in consultation, to determine whether such poisoning were better combated by the cautery, "clitoridectomy," or by a more wisely ordered system of public education!

Tarantism was another bacchanalian epidemic, characterized by delirious shouting, laughing, singing, nausea, vomiting, and exstatic, untiring dancing. It was originally attributed to the actual poison of the tarantula, but precisely similar cerebro-spinal symptoms were produced by the mental neurotic poison of desire, developed into a morbid, sympathetic, imitative impulse. Dr. Murray states, that "bachelors, widows, widowers and old maids, are among the many victims of a gloomy solitude, which so often affects the mind as to implicate the body in disease."

In the fifteenth century there was a convent epidemic, which as it occurs in a modified nature *now*, is of some interest in illustration of the toxical dangers incident to the unwedded. "A nun in a German nunnery fell to biting all her companions, and shortly all the other nuns—being melancholy and hysterical—became mordacious, and began biting each other, until, spreading from convent to convent, the propensity was vigorously manifested in the convents of Rome." It is well to observe, in warning, that it *may* be a similar rabid "*vis a tergo*" which exhibits itself in vicious tendencies to back-biting in modern times. *Statesmen* even might profit by reflecting on this form of mental neurotic poisoning.

The manifestations of the pretended victims of witchcraft were characterized by the symptoms produced by acute cerebro-spinal poisons, and as *firing* was mercilessly employed as a remedy, we may suppose that our forefathers reposed confidence in the actual cautery. The Rev. Mr. Parris, who was a clergyman in Salem village in 1692—having consumed his vital energies in his *weekly* sermons—transmitted a diseased innervation to his child. Even as now such heinous crimes of hereditament are attributed to supernatural agencies, rather than to culpable violations of natural laws, and are dignified with all the sonorous titles of a frightfully ample nosology, so the reverend *poisoner* called the curse of his own entailment, witchcraft. It became contagious through morbid sympathy, and exhibited every variety of stupor, delirium, paralysis and convulsion. Dislocation of the jaws, through the violent trismus which supervened, was of frequent occurrence.

Those who have seen yelling, groaning, writhing, swooning, convulsed crowds of negroes in the *agony* of worship, will recognize the effect of an acute mental neurotic poison.

[To be concluded.]

CONTRIBUTIONS TO DERMATOLOGY.

(Continued from page 217.)

Having marked out and initiated a course of treatment, as far as practicable, for internal medicines, for food, cleanliness, salubrious air, clothing and whatever else may be deemed essential in the domestic arrangements, the next point that should engage the consideration of the physician, is the local treatment. This is a matter, as all experience testifies, of much greater difficulty and embarrassment than the simple plan which is a leading feature in the constitutional measures.

In very many cases where our best efforts are put forth to render good service, we find that we have to do with a most capricious enemy; and that what appeared to be the plain indications of to-day, as to what should be done directly to the eruption, will be contra-indicated to-morrow. Whether we order cold water or warm water, a poultice, a dry powder, a liniment, a lotion, an embrocation, or an ointment, we but too often find that the result is contrary to expectation. All parties are disappointed; and the physician is not a little mortified at his defeat. Very likely that since the last professional visit some slight disturbing cause has been called into action, and thus prevented the anticipated benefit. The nursing mother may have committed some error in diet and induced a derangement of the digestive organs; or she may have had a slight feverish attack, or have been thrown into distress by some sudden calamity, or some abrupt change in the weather, as from heat to cold, from dry to wet, or the reverse. Either of these circumstances may serve as a disturbing cause, and for the time being render the patient worse. Other incidental causes, scarcely appreciable, may give a shock to the whole organism of the little sufferer, and its force be especially displayed upon the diseased skin. Every physician in active practice must have witnessed the things here spoken of.

A great variety of topical remedies are in vogue for the alleviation of the pruritus, with a view at the same time of arresting the further spread and continuance of the eruption; and as it appears more frequently on the head and face in young children than on any other region, we will first consider it on these localities. It is hardly worth while to attempt a description of all the preparations in general use in the local treatment of the disease, or to discuss their relative merits. Those only which are most reliable will be noticed, and the indications for their employment pointed out as far as may be.

If the eruption is on the hairy scalp, and incrustations are present, the first thing to be done is to remove them. When this is accomplished, we can obtain a fair view of the condition of the diseased integument, and not until then. There are several applications that have been favorites among medical men for getting the scalps free from these crusts. One of the most convenient and cleanly is the crystallized carbonate of soda. A solution of this salt, containing one drachm, to twelve ounces of water, should be applied to the crusts by means of soft linen rags, or, what is still better, surgeon's lint, or that used by dentists, over which a cap of thin gutta percha or oiled silk should be secured so as to prevent evaporation. The lint should be thoroughly saturated and be renewed morning and evening, or oftener if need be, so that the parts may be kept constantly wet. If half an ounce of the liquor sodæ chlorinatæ be added to the above solution, it will be an improvement, as it will effectually prevent any unpleasant smell that would otherwise emanate from the eruption. It is well to keep on hand a supply of the chlorinated water, for it will be needed all through the treatment, and should be used about in the proportion just stated whenever the child is to be washed. It is a *sine qua non* that the lint should never be allowed to dry, otherwise the application will do no good.

In the present state of pathological knowledge, the explanation of the curative action of the carbonate of soda solution is hypothetical. But it is evident that it produces an immediate sedative effect upon the diseased surface. It acts of course primarily upon the nervous filaments of the parts. Perhaps it combines with and neutralizes some peculiar acid principle which enters into the composition of the acrid discharge. We have cured many severe cases of eczema in patients of all ages, with whom no topical means have been employed except a solution of carbonate of soda during the whole period of attack. This treatment originated with Bennett, of Edinburgh; and whenever the locality of the disease will allow of its use, we need not hesitate to apply it. On the face and about the ears, neck, and some other localities, it would be somewhat inconvenient to employ it on a young child, on account of the difficulty of keeping the dressings in place. The strength of the solution should be about one drachm to the pint of water, if no incrustrations are to be removed. Its therapeutic influence in allaying the pruritus and inflammation of the skin is very similar to that of the weak solution of potassa fusa (two or three grains to the ounce of water) recommended by Hebra, Anderson, &c.

The benzoated oxide of zinc ointment of Dr. Bell, is a mild astringent application, and is extremely well suited to certain places that are excoriated and highly inflamed, and on which lotions cannot be advantageously applied constantly, as the ears, the face, the nates, and the genital and anal regions. It may be used with a liberal hand, and be repeated two or three times in the course of the twenty-four hours. It should remain undisturbed, as a permanent covering to the parts for several days in succession. It can of course be used on any portion of integument; and it will generally alleviate the pruritus and lessen the morbid secretion in a satisfactory manner. If applied on the scalp, it may become matted down with the hairs if allowed to accumulate for several days; it will therefore be advisable partially to cleanse the hairs every third or fourth day with the carbonate of soda solution, warm, or with a lather made of white Windsor soap. When this is done, wipe the scalp perfectly dry and apply fresh ointment. The cleansing of the head should be done in the most gentle manner, and with the least possible friction, and a soft linen rag used in the process. We have prescribed the benzoated oxide of zinc ointment in numerous cases in all stages of eczema, and for persons of all ages; and, in a majority of instances, with great relief and comfort to the patients.

In cases of purely local eczema occupying quite a limited portion of integument, as the ears, face, hands, axillæ, &c., and the ichorous discharge very copious, we have often employed with much satisfaction the following ointment. ℞. Plumbi carbonatis, ʒ ij.; cretæ præparatæ, ℥ ss.; unguenti rosæ, ℥ ij. M. Apply this ointment freely to the parts two or three times in the twenty-four hours. It rarely fails to ameliorate the intensity of all the symptoms. It may be prescribed without regard to the age of the patient.

After the incrustations have been removed, and the exposed surface is found to be much inflamed, the subjoined formula will prove valuable as a local application. It may be used with freedom. ℞. Pulveris camphoræ, ℈ iv.; pulveris zinci oxidi, ℥ j.; olei bergamotæ, gtt. xv.; glycerinæ, ℥ iv. M. Signa. Shake the mixture before using it. Our experience in the use of the three last mentioned local remedies has been about the same with each, and they have all seemed to promote convalescence about alike. Either of them is entitled to confidence when employed at the proper time; and we have pointed out the condition of things when the one or the other of them is indicated. In repeating the dressings with either, the nurse should be instructed not to remove any portion of what has been applied previously, but let it remain undisturbed for four or five days unless it becomes detached and is nearly cast off with the loosened incrustations.

When the disease is decidedly on the decline and there is more or less infiltration and thickening of the skin, a weak solution of the choride of zinc will usually act favorably. ℞. Zinci chloridi, ℈ ss.; aquæ fontanæ, ℥ iv. M. To be painted on the affected parts three or four times a day, with a soft rag attached to a stick.

As a constant application in the circumstances just specified above, we have often witnessed good results from the use of the liquor plumbi mixed with thick cream, in the proportion of one drachm of the former to four or five ounces of the latter. It allays the excessive itching and checks the remaining inflammatory tendency. It should be applied several times in the twenty-four hours on any portion of the skin of infants and other young children. It should be prepared fresh every day, especially in warm weather.

We have occasionally prescribed chloroform as a topical application, in the proportion of one drachm to an ounce of simple ointment. It often alleviates the distressing pruritus. This ointment should be put up in a phial with a wide mouth.

A mixture of equal parts of lime water and linseed oil is another local remedy of decided utility, where the surface has long been the seat of the eruption. The preternatural redness, infiltration and excessive itching will frequently subside, when the diseased skin is protected by this well-known ointment.

We speak from experience.

[To be continued.]

LITHOTOMY IN BOSTON IN 1741.

[Communicated for the Boston Medical and Surgical Journal.]

I SEND you the report of a case of lithotomy, taken from the Boston Weekly News-Letter, November 13, 1741. It is interesting in a professional, as well as an antiquarian, point of view. The operator was Dr. Sylvester Gardiner, who studied his profession in France and England, and afterwards acquired great wealth as well as reputation in the practice of medicine in this city. At the beginning of the Revolution, his large estate was confiscated, as he was a tory refugee. After the war he returned to his native State of Rhode Island, when he died at Newport, of a malignant fever, August 8, 1786. SAMUEL A. GREEN.

Boston, April, 1867.

A Medical Society in Boston, New England, with no quackish view, as is the manner of some; but for the Comfort and Benefit of the unhappy and miserable Sufferers by the Excruciating Pain, occasioned by a Stone in the Bladder, do Publish the following Case.

In Boston, Octo. 8, 1741, Josiah Baker, Æt. 6, was cut for the Stone in the Bladder, according to Mr. Cheselden's late Improvement of the lateral Way, by Mr. Gardner of Boston (who had some Part of his Education in the Hospitals and Infirmaries of London and Paris) in Presence of the Medical Society and others without reserve.

This Boy by his Complaints seems to have had the Rudiments of this Stone from his Birth, and by degrees the Paroxsyms of Pain became so violent, that Death or the operation were unavoidable. This Stone was extracted in the lateral method without Distraction or Dylaceration of the Parts, which too frequently kill the Patients in a few Days or Weeks; or if the patient escapes with his Life, the Urine continues to issue involuntarily by the Wound, during an uncomfortable Life. Several such miserable Instances we have had in this Province for want of Skill and Discretion in the Operator.

This Stone when extracted was of a lenticular Form, somewhat elongated, imitating the converging Part of the Bladder, its surface *instar Lapidis arenosi*, but more hard and compact, the Circumference 4.75 Inches; its central Thickness 8.5 [.85?] Inches; the longest Diameter 1.5 Inch; the shortest Diameter 1.25 Inch.

The Dressings were soft easy and simple, with a milk Diet to mitigate the scalding of the water in the Wound; The 4th Day the Urine began to trickle the natural Way; the 11th Day it passed the natural Way in a full strong Stream; 15th Day no more Urine by the Wound; and makes Water only 3 or 4 times in 24 Hours; after the 23d Day, no more Dressing, the Wound being well cicatrized and the Boy at Play about the House.

Thus in about 3 weeks a compleat and easy Cure for the Stone in the Bladder, was affected by the lateral Way.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 25, 1867.

ANNUAL REPORT OF THE CITY PHYSICIAN.

The Annual Report of the City Physician for the year ending with the 1st instant is a bulky document, and contains much matter of general and professional interest. The subject of smallpox, at the present moment a pretty serious one among us, leads him to call the attention of the City Government to the neglect of vaccination which still prevails here as everywhere else unless corrected by public law. It appears that there are, on the average, about 3000 persons found in the city every year who have not been vaccinated. These furnish food for the disease, which every few years prevails in the form of a limited epidemic, as it does at the present time. The City Physician is strongly disposed to question the wisdom of the legislative action by which, in 1836, the statutes requiring the removal of persons sick with the smallpox were repealed. He shows that, while, previous to the repeal of these statutes, there was no death from this disease here for many years, since that time there has been but one year without a death; and in twenty-one of the thirty years since, there have been *each year* more deaths from this disease than occurred during the whole twenty-five years before. This is a startling statement certainly, and may well arrest the serious attention of the Board of Health.

With the exception of the first six pages, however, Dr. Read's report is exclusively devoted to the subject of cholera, and contains much matter to make it worthy of careful and thoughtful examination. Commencing with a detailed report of all the cases of this disease which were collected by a Committee of the Suffolk District Medical Society, and some of which have been published in this Journal, he gives copious extracts from the highest authorities of the present day, as to the contagious nature of this disease, such as Dr. Jenner, President of the Epidemiological Society of England, and Professor Goodeve, one of the English Commissioners to the International Sanitary Conference. He also refers to the very close resemblance between Asiatic cholera and a form of cholera morbus, the only distinguishable characteristic being that the former disease is communicable and the latter is not. In this connection, he quotes the recent experiments of MM. Legros and Goujon made at the Histological Laboratory of the School of Medicine at Paris, under the direction of M. Robin, by which it was demonstrated that not only the serum, the blood and the dejections of cholera patients, when injected into the veins, the trachea, or the cellular tissue of animals, produced all the symptoms of cholera, but that the same results followed the injection of a liquid obtained by condensing the vapor of the air in the cholera wards of some of the Parisian Hospitals. The same result followed the injection of *diastase*, a fact which throws much light on the origin of cholera morbus.

In view of the great weight of authority in favor of the doctrine of the communicability of cholera, as well as his own decided convictions, the City Physician urges in the strongest manner upon the City Government the importance and the duty of employing the most stringent measures of quarantine to prevent its introduction into this country; being fully impressed with the belief that, if these are generally adopted, owing to the peculiarly favorable position in which we are placed on this side of the Atlantic, in the words of Dr. Marsden, "Asiatic cholera will become an unknown disease to future generations on this continent." A copy of Dr. Marsden's well-known plan for a quarantine station closes the first part of this report.

The second part, or appendix, contains a translation of the whole of the report of the Commission of the International Sanitary Conference on the questions of the origin, epidemicity, transmissibility and propagation of cholera, by the senior Editor of this JOURNAL. Our readers will remember that early in August last, quite in advance of any other medical journal in the world, we believe, we were enabled to give them an abstract of this very important report. The translation was completed at that time, but we could only find room for the abstract which we published. From the reception which the abstract met with, we are satisfied that we did not overestimate the importance of this document. Through the liberality of our City Government Dr. Read has been enabled to publish the whole translation, which we had placed at his disposal. It is a paper of one hundred pages, and we think no one can read it without feeling that the Commission have done much to throw light on some of the doubtful questions discussed. The general character of the document is apparent from the abstract, but the arguments on which it is based are, in our opinion, of great weight. They fully sustain the City Physician in the position which he has taken in relation to Asiatic cholera, as a municipal officer.

Importance of Revaccination.—At the present time, when there is an unusual prevalence of smallpox in Boston, the question is frequently asked of physicians, is revaccination necessary? Particularly important does this inquiry become when a case occurs in the midst of a numerous household. An incident related to us by a professional friend a few days since shows how necessary under such circumstances the precautionary measure of revaccination becomes. Several years since a patient of this gentleman, living in a large boarding-house occupied by between forty and fifty boarders, was taken ill with smallpox. By his advice all the boarders but two, who refused to submit to the operation, were revaccinated. There were only two secondary cases of variolous disease in this large household, occurring in the persons of the two individuals who declined revaccination, both of whom had varioloid. During the present season, we have known a succession of half a dozen cases of variolous disease to occur in one house; showing either great neglect on the part of the physician in attendance on the first case, or the most stupid unwillingness on the part of those subsequently attacked to protect themselves by revaccination.

Vomiting of Pregnancy.—In a recent discussion on the Sickness of Pregnant Women, published in the *Union Médicale*, M. Gros reported a case in which this symptom had continued for a long time, reducing the patient to extreme emaciation. He administered pepsine in the dose of fifty centigrammes (about eight grains) before each meal, with complete relief. Many other remedies had been previously tried without the least benefit.

The efficacy of this remedy in these cases was substantiated by Drs. Duhomme, Piogey and Labbé. It was remarked that the action of this remedy is somewhat uncertain, owing to its liability to change. It should not be administered in too hot a vehicle, as a high temperature destroys its efficacy. Another objection to its common use is its great price.

Dr. Dufour said that in many cases he had found chlorohydric acid an equally efficient remedy, and not liable to the objections which exist against pepsine; he had found it to be almost equally successful in these cases.

Weak Eyes and fine Print.—An non-professional correspondent calls our attention to the increase of near-sightedness and other difficulties of the eyes at the present day, owing, as he believes, to the reading of too fine type in books; and wishes us to utter a word of warning against this growing evil. He also complains of much of the print in newspapers as very trying to the eyes. Whether the evil of which he complains is mainly due to the cause to which he ascribes it or not, it is certain that it may be greatly aggravated by it. This opinion has long been held by the medical profession, but men in general seem to care more for the pound of cure than the ounce of prevention, in this as in everything else. We can only say that it grieves us to see (we never read them), and to see universally applauded in the daily press, the multiplying *diamond* editions of popular authors. Their publishers surely cannot realize what an injury they may inflict upon the eyes of their readers. It is poor economy to buy a book at half price printed in type so small as not to be read without such a risk.

Chloroform or Ether?—In an article in the *Union Médicale* on Anæsthesia, M. Forget sets forth in decided language the great superiority of the latter as an anæsthetic. He quotes the following conclusions, which he published in 1853:—

1st. Pure chloroform, carefully administered, may cause death.

2d. Death does not occur always under the same conditions. When sudden and instantaneous, it seems to be produced by sudden impression on the nervous system; when it occurs more gradually, it is accompanied by symptoms which have a resemblance to those of asphyxia.

3d. In the actual state of our knowledge, art has no infallible means of averting the fatal accidents which may follow the inhalation of chloroform.

4th. This certainty of our inability to control the action of chloroform ought to lead to its abandonment in the practice of surgery, and the substitution of ether as much less dangerous.

5th.—The reasons urged in behalf of chloroform by its partizans disappear before a careful examination. The advantages attributed to it, especially the promptness of its action and the progressive energy of its effects, constitute, in fact, the principal inconvenience and danger from its use.

Guided by these conclusions, the author says that he has always used ether as an anæsthetic, except on one occasion, when circumstances compelled him to employ chloroform, and in this case his patient narrowly escaped death. Among those who formerly were avowed partizans of chloroform, but have renounced it for ether, he mentions Professor Gosselin, "who, for some years, has used ether exclusively in the surgical service of *La Pitié*."

New Method of treating Phymosis.—Dr. Elliot Coues, Assistant Surgeon U.S.A., describes, in the *Medical and Surgical Reporter*, a new and ingenious method of overcoming phymosis, by which a cutting operation is avoided; an improvement of much value in cases complicated with syphilis, where the edges of the incision, as ordinarily practised, are so apt to take on the specific disease. From his history of a case we take the following extract:—

> "Fully aware of the probable unpleasant consequences of cutting, and seeking some other *modus operandi*, the idea of overcoming the constriction by mechanical dilatation struck me as offering a reasonable hope of success. Acting upon the suggestion, I introduced within the constricting ring the closed points of an ordinary spring forceps. A few minutes' manipulation produced a sensible enlargement of the stricture, encouraged by which I left the instrument *in situ*, where it was retained by the resiliency of the blades, which was also to be a continuous operative force. The patient was directed to occasionally employ a moderate degree of manual force, by pulling the blades apart, and to assiduously foment the parts with warm water. The procedure produced no pain nor other inconvenience. *In three hours* the glans could be exposed; shortly afterwards the whole glans popped out of its awkward hood, and the prepuce was fully retracted. The success of the experiment was as evident as the necessity for it. Two ulcers were disclosed—one on the dorsum of the glans as large as a dime piece, irregularly circular, excavated, covered with a tough gray slough, and rapidly extending, as the painful, deep livid, ragged edges testified; the other, on the prepuce just back of the corona, of the same general character as the first, but smaller, resembling a split pea in size and shape. These ulcers had been three days only in changing from the appearances they presented when first seen, as already detailed. A relapse of the phymosis was prevented by occasional recourse to the forceps, and the ulcers readily healed under appropriate treatment. * * * * * * * *
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> "Taking a hint from the forceps, I have devised a simple little instrument by which any desired degree of dilating force may be employed, and graduated to a nicety. It is merely a pair of callipers, about three inches long, probe pointed, the two blades flat, bevelled on their outer edges, and divaricating from each other by means of a screw placed near their hinge, running through one blade and abutting against the other."

Female Medical Students and Practitioners.—The application of two ladies for admission as students of medicine in Harvard Medical School has been refused by the Corporation of Harvard University, on the ground that there is no provision made in the charter of the Institution for female students.

The Philadelphia County Medical Society recently held a protracted discussion, at two successive meetings, with regard to the relations which should exist between the members of that Society and female physicians in Philadelphia, and in conclusion adopted unanimously the following resolution:—

Resolved, That, in conformity with what they believe to be due to the profession, the community in general and the female portion of it in particular, the members of this Society cannot offer any encouragement to women becoming practitioners of medicine, nor, on these grounds, can they consent to meet in consultation such practitioners.

Extraordinary Power of Endurance.—The *Pacific Medical and Surgical Journal* tells a most extraordinary story of the power of endurance of a Mr. J. D. Gardner, of San Francisco. With a companion he was riding in Almeda County in a carriage drawn by two horses, and at nine o'clock in the evening they were precipitated down a ravine more than twenty feet in depth. Mr. Gardner's left thigh was broken at the upper third, and the carriage was resting upon him; his companion lay insensible by his side. He succeeded in lifting the wheel and disengaging himself. They were in a lonely spot, and no one came to their relief. The injured man lay all night, all the next day and the next night, exposed to a broiling sun by day and the glare of a full moon at night. On the second day—

> "Losing all hope of relief without a desperate effort, he climbed the side of the ravine opposite to that on which he had fallen, and which was less precipitous. This he accomplished on his back, lifting his body with his hands and elbows and pushing it onward by means of the heel of the sound limb, dragging the broken one along after the body. Having climbed the bank, he saw the roof a house nearly a mile distant, and set off for it in the same tardy and painful mode of locomotion. All that day and night, and the following day and night, were thus spent.
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> "On Sunday morning he came to a fence, which he found built of posts planted in the ground close together, with a horizontal string piece near the top to which the posts were nailed. This was seemingly an insuperable obstacle to his further progress, and abandoning all hope, he resigned himself to death. But the sight of a small squash through the fence inspired him to renewed effort, and recollecting that he had passed a loose fence-rail a short distance back, he returned to it and managed to drag it to the fence, and with it to pry off the string piece from some of the posts. Then reaching backwards over his head, still lying on his back, he seized one of the posts, and after much labor loosened it from the earth and lifted it out, so as to leave an opening through which he dragged himself into the garden.
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> "He was now within a hundred yards of the house, but his voice was too faint to be heard at that distance. The squash was, however, accessible, and when he had brought it almost within his grasp, he was observed by some persons who chanced to be walking through the garden, and who came to his relief.
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> "It was now noon, on Sunday. Since noon of Wednesday, a space of four days, he had not swallowed a morsel of food or drink; and fifty-four hours of that time he had spent in dragging himself as described, from the ravine to the garden, a distance of nearly a mile. He thinks he did not sleep a moment, from the accident until after the rescue; but in this he was doubtless mistaken. The ground over which he travelled was rough, and in places stony. The foot of the broken limb often became wedged in the stones, when he was compelled to stop and turn in various directions before getting it extricated. * * * * *
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> "When he was rescued, his first want was a drink of water, and when this was brought, he restricted himself with great self-control to two glasses. At the same time, however, he sent relief to his comrade, who was found still alive, but senseless, and who died the following night. Gardner refused to taste of brandy which was offered him, and he partook of food sparingly, exercising in every respect a judgment which a professional adviser could not have improved on.
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> "Being carried to the farm-house, he was placed under surgical care. Not a single unpleasant symptom supervened to interfere with the curative process. He took no stimulating liquors in any form. In seven weeks he was well enough to return to the city, and to drive the vehicle which carried him. His health since has been uniformly perfect, and he bears no trace of the injury except some lameness from shortening of the limb.
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> "Mr. Gardner is of medium stature and spare figure, with full bony development, and a general appearance of sturdy and rugged constitution. He is unmarried. At the time of the injury he was 25 years of age. His habits have always been regular and excellent, except in regard to tobacco, in which he has indulged pretty freely from his boyhood. On the night of his fall, about two

o'clock, he recollected having a cigar in his pocket, and he now dwells with enthusiasm on the pleasure he enjoyed whilst lying on his back in the moonlight and puffing that solitary cigar. He had also a package of tobacco in his pocket, but fearing that he might get so hungry as to swallow it and injure himself, he threw it away, beyond his reach. During his confinement to bed, he smoked daily more or less, and he refers with some feeling to the comfort derived from this source."

At the annual meeting of the Suffolk District Medical Society the following gentlemen were elected officers for the ensuing year.

President, Dr. H. I. Bowditch. *V. President*, Dr. J. Ayer. *Secretary*, Dr. C. W. Swan. *Treasurer*, Dr. J. N. Borland. *Librarian*, Dr. B. J. Jeffries. *Supervisors*, Drs. G. H. Gay, Dr. S. Greene. *Commissioner on Trials*, Dr. S. Durkee. *Councillors*, Drs. J. Bigelow, S. Morrill, J. Jeffries, D. H. Storer, J. Flint, J. B. S. Jackson, J. Homans, A. A. Watson, E. Palmer, C. G. Putnam, H. I. Bowditch, H. G. Clark, J. M. Warren, G. C. Shattuck, C. E. Ware. S. L. Abbot, S. Cabot, G. Hayward, W. W. Morland, H. J. Bigelow, C. E Buckingham, B. Brown, J. Ayer, F. Minot, J. B. Upham, G. H. Gay, H. W. Williams, C. Ellis, C. D. Homans, A. B. Hall, W. G. Wheeler *(Chelsea)*, J. B. Forsyth *(Chelsea)*, P. M. Crane *(E. Boston)*, Geo. S. Jones, R. M. Hodges, Geo. H. Lyman. *Delegates to the American Medical Association.* J. Bigelow, C. F. Buckingham, D. McB. Thaxter, A. B. Hall, J. S. H. Fogg, Geo. Derby, G. Hay, O. W. Holmes, R. M. Hodges, G. S. Hyde, J. S. Jones, Chas. Mifflin, H. K. Oliver, G. H. Nichols, A. Poole *(Chelsea)*, J. P. Reynolds, J. F. Jarvis, D. D. Slade, W. H. Thorndike *(E. Boston)*, D. H. Storer, B. S. Shaw, J. C. White, C. A. Walker.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 20th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	48	24	72
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.3	38.8	81.1
Average corrected to increased population - - - -	00	00	88.31
Deaths of persons above 90 - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—A case of Pneumonia. By James C. Ayer, M.D.—The Communication entitled "Vitality—Virility," is inadmissible.

PAMPHLETS RECEIVED.—Notes on Fractures of the Upper Extremity. By John H. Packard, M.D., one of the Surgeons of the Episcopal Hospital of Philadelphia.—The Intracranial Circulation: an Essay to which was awarded the first Prize of the Boylston Medical Society in 1867. By Thomas Dwight, Jr., House-Surgeon of the Massachusetts General Hospital.—Biographical Memoir of Franklin Bache, M.D., prepared at the request of the College of Physicians of Philadelphia. By George B. Wood, M.D.—Proceedings of the Massachusetts College of Pharmacy, containing the Report of the Committee on the "Law for the sale of Spirituous Liquors as applied to Apothecaries," and the Petition to the Senate and House of Representatives of Massachusetts, together with the Memorial, Evidence and Argument presented to the "Joint Committee on Licenses of the Senate and House."

DIED,—In New York, April 20th, Dr. Alexander McDonald, of South Boston, formerly Chief Inspector of the U. S. Sanitary Commission, Army of the Potomac, aged 36 years 4 months. He was on his way home from Havana, whither he had gone in hopes of being benefited by the change of climate.

DEATHS IN BOSTON for the week ending Saturday noon, April 20th, 72. Males, 48—Females, 24. Accident, 3—anæmia, 1—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 4—cancer, 1—consumption, 12—croup, 2—cyanosis, 1—diphtheria, 2—dropsy, 2—dropsy of the brain, 3—dysentery, 1—scarlet fever, 3—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 1—hernia, 1—infantile disease, 1—disease of the kidneys, 2—lead disease, 1—inflammation of the lungs, 4—marasmus, 3—measles, 1—necrosis, 1—premature birth, 1—scrofula, 1—sore throat, 1—smallpox, 5—tumor, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 26—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 6. Born in the United States, 51—Ireland, 15—other places, 6.

THE

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. HENRY G. CLARK.—NO. V.

Reported by Mr. Richard H. Derby.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—Patient, J. T., aged 15, entered the Hospital April 5th, 1859. For eight years previously he had suffered from inflammation of the left knee-joint. Until a year before entrance he was able to walk upon the limb. At that time he received a blow upon the knee from a stick, and had not been able to bear any weight upon it since. The knee was swollen and especially prominent over the condyles of the femur. The tibia was dislocated backwards. There was slight tenderness on pressure over the external condyle. The hamstrings were slightly contracted, and there was imperfect control of the limb. The thigh and leg were much emaciated. While walking, with the help of a cane, the toes of the left foot just touched the ground. Patient was thin and feeble, with a poor appetite.

April 12th.—A consultation was called, and resection of the joint was advised.

16th.—Operation by Dr. Clark. Patient was etherized and taken to the operating theatre. A semicircular incision was made from condyle to condyle of the femur, reaching the tubercle of the tibia. The integument, including the patella, was then turned back, and the joint exposed. The ligaments were divided, and an inch and a half of the femur and half an inch of the tibia removed by the saw. The cartilages of the joint were found to be ulcerated. Several vessels were tied, the patella was left *in situ*, and the flaps were brought together by five sutures. The whole limb was then bound firmly in a gutta percha trough. Water dressings.

17th.—Pulse 150. No urine voided. Tongue white and dry. Considerable pain in the knee. ℞. Elix. opii., spts. ether. nit., āā f ℥ ss. M. At night.

18th.—Kept under the influence of opium. Urine free. Pulse 124. Tongue more moist. ℞. Tinct. verat. vir., gtt. iv.; elix. opii, gtt. xx. M. Every three hours.

April 19th.—Comfortable night. Pulse 104. Slight purulent discharge from wound. Broth for dinner.

22d.—Very little pain. Free discharge from the wound. All sutures, and all but one ligature, removed. Appetite good.

30th.—Quite comfortable. Bowels kept open by medicine.

May 9th.—Edges of wound approximating.

16th.—Granulations have bridged over in several places.

19th.—General condition excellent. The limb was taken out of the splint and washed; the splint was then carefully renewed.

27th.—Gutta percha splint removed, and a Goodwin substituted. Turner's cerate over wound.

June 7th.—Limb removed from apparatus and laid on a pillow.

10th.—House diet.

23d.—The limb was carefully wrapt in sheet lint and placed in a starch bandage, with a pasteboard ham splint.

30th.—Allowed to walk about on crutches.

July 4th.—℞. Pil. ferri iodid. One ter die. To go out.

25th.—The bandage was cut longitudinally at the side, that it might be removed at pleasure. Discharged, by request, well.

March 28th, 1860, the following note was received from patient: "My leg is so well that I do not have to use crutches or cane."

Case II.—Patient, R. H. S., aged 16, entered the Hospital April 14th, 1860. He was small for his age and not of robust appearance. Five years before entrance he injured his right knee by a fall. From that time he was lame. Eighteen months before entrance, he was sick and obliged to keep his bed; at that time the knee became swelled and painful, and confined him in bed for three or four months. When he came out, the leg was stiff, in a straight position, and from that date it remained so. The leg was slightly dislocated outwards and bent on the thigh, so that the popliteal space was unduly prominent. No pain, tenderness, redness, heat or swelling in the knee. There was apparent anchylosis; but attempted motion caused pain.

April 20th.—Under ether, considerable motion was observed in the joint.

21st.—Operation by Dr. Clark. Patient was etherized, and a semilunar incision was made from one condyle of the femur, below the patella, to the other; the joint was opened, and the extremities of the femur, tibia and fibula dissected up a short distance and sawn off. Their surfaces were found extensively ulcerated. The patella was left. The limb was then placed in a straight position, and the edges of the wound brought together by sutures. A splint, bridged over below the knee, was then adjusted to the posterior aspect of the limb. ℞. Liq. morph. sulph., f ʒ i. p. r. n.

23d.—Edges of wound in good apposition. Considerable effusion of blood under the flaps. Cold water dressings. ℞. Hospital fever mixture, f ʒ i. every three hours. Poultice over wound.

May 1st.—For a few days past healthy suppuration has gone on in wound. Chicken and soup.

6th.—Considerable sloughing about the edges of the wound. ℞. Acid. nitric., f ʒ i.; aquæ, f ʒ iij. M. Painted over the edges of the wound. Beefsteak. Milk punch.

8th.—Appetite good. Substitute sol. sod. chlorinat. for acid nitric.

10th.—℞. Decoct. cinchonæ flav., f ℥ ij., night and morning. ℞. Pulv. cinchonæ sprinkled over wound.

16th.—Wound more healthy.

22d.—Wound granulating. ℞. Argent. nitrat., over granulations. ℞. Quiniæ sulphat., gr. i., four times a day.

28th.—Healthy granulations observed over wound. The padding of the splint frequently changed. Considerable stiffness noticed between fragments.

June 15th.—Patient steadily improving. Wound nearly closed. Nearly able to raise the leg without assistance. Appetite good.

21st.—Limb laid on a pillow.

July 6th.—A starch bandage was applied from foot to groin.

7th.—Moving around on crutches.

18th.—Firm union at the knee. Some slight superficial ulceration of the cicatrix. Discharged well.

Case III.—Patient, M. R., aged 8, entered the Hospital January 26th, 1861. She was a weak, puny, scrofulous looking little creature, unable to give any account of her past condition. The right knee was swollen, apparently in an acutely inflammatory state, very painful and exceedingly sensitive to the touch. The leg was contracted and drawn up on the thigh. She could not tolerate the least examination of the limb.

Jan. 28th.—Appetite poor. Excessive pain in the affected knee. ℞. Sol. morph. sulphat., gtt. xxv. ℞. Vini ferri, f ʒ i., night and morning.

30th.—Less pain. Appetite improving.

Feb. 9th.—General condition much improved.

March 17th.—Motion in joint increasing.

April 16th.—Some improvement; walking around the ward with crutches, the affected leg drawn up.

May 4th.—Operation by Dr. Clark. Patient was etherized, and the articular cavity of the knee laid open in the usual manner. The articular surfaces appeared smooth; the tissues about the joint were very vascular. Four different portions from the condyles of the femur were sawed off, i. e., about an inch and a half anteriorly and three quarters of an inch posteriorly. A section, a third of an inch thick, was likewise removed from the head of the tibia. The flaps were brought together by sutures and adhesive straps. The limb was placed in a well padded splint. Cold water dressings. ℞ Tinct. op. camph. at night. Brandy p. r. n.

5th.—Pulse 176. Some nausea and vomiting.

May 6th.—Pulse 172. Chicken broth. Brandy and water p. r. n. Warmth to feet. Spongio-piline (hot rum and water) to epigastrium. ℞. Elix. opii, gtt. xx. at night.

7th.—Rennet whey.

9th.—Wound looking well.

11th.—Appetite good. Leg in good position.

June 9th.—Apparently some displacement. Leg placed in a Desault's apparatus.

July 5th.—Doing finely. Appetite continues good.

August 13th.—Improving. Wound nearly healed. Some stiffness at knee.

Sept. 12th.—Considerable union at knee. "She can kick her leg up without using her hands."

Oct. 7th.—Firm union. "She can rest the weight of her body on the leg without pain." Starch bandage was applied.

Dec. 8th.—Walks easily without a crutch, and brings her heel to the ground.

Jan. 2d, 1862.—Discharged, well.

Case IV.—Patient, J. G., aged 37, entered the Hospital March 16th, 1861. She was a miserable looking, debilitated, weak-minded, scrofulous person, who had apparently been under very unfavorable circumstances before admission. At the previous Christmas, after exposure, she had pain in several joints and abscesses about the right elbow and knee. At the time of entrance, the left knee was much swollen and stiff. The tibia was dislocated inwards and the joint very tender.

March 27th.—A large abscess on the outside of the left thigh, a little above the knee, was opened. ℞. Quiniæ sulphat., gr. ij., t. d.

April 13th.—No improvement. The knee is still very painful.

May 11th.—Patient would not consent to amputation. Excision was advised.

Operation by Dr. Clark. Patient was etherized. The knee joint was opened in the usual way. A section, one and a quarter inches thick, was sawed from the condyles of the femur; and a section, a quarter of an inch thick, from the head of the tibia. The cartilages were extensively diseased, and the tibia was found dislocated backwards. The flaps were united by sutures. The limb was placed in a well-padded, straight splint.

18th.—The limb is maintained in good position, but there is no union in wound. House diet. Ale.

June 7th.—Exuberant granulations over wound, which is wholly open, the bones moving freely on each other, and at times being considerably displaced.

29th.—General condition improving.

July 5th.—Limb placed in a Liston's splint.

15th.—Some stiffness observed.

August 1st.—Wound nearly closed. Some union at anterior surface of the bones. The limb was placed in a resection splint, consisting of a well-padded iron framework, the femoral and leg portions connected by hinges, a screw beneath the ham regulating the position and direction of the portions of the splint.

Sept. 21st.—Considerable stiffness, but union not firm. Starch bandage was applied.

October 26th.—The leg was firmly united with the thigh. Discharged, well.

WEANING.

[Read before the Norfolk (Mass.) District Medical Society, January 16th, 1867, by a Member of the Society and communicated for the Boston Medical and Surgical Journal.]

WEANING is a subject of little importance, if we may judge from the very limited attention given to it by medical writers. One looks over "the books" and journals, in dismay, when he would give an answer to the common question, "when shall I wean my baby?"

There are some young mothers who willingly stop nursing at the very earliest moment they can have the doctor's sanction for it, and are still better pleased if they are advised not to allow the breasts to be drawn at all. There is a much larger class, who, for various reasons, wish to nurse as long as they can; and, therefore, always represent their health, in reference to lactation, to be quite as good as it really is.

There is need that we have an opinion in this thing; and if the practitioner would decide wisely between the tendency to too little, and the tendency to too much nursing, and be ready to exert a controlling influence "on a subject that is oftener made a matter of convenience than of principle," he should have in his own mind some settled maxims or some definite plan.

The habits of life in the family, the customs of society, and the methods of education, as it is called, under which women are now brought up, seem to be cultivated, as with a set purpose, to incapacitate them to nourish their own offspring; and this is true to an extent that is beyond description and deplorable in the last degree. In the practices of society touching the education of girls, there is hidden, but yet not half concealed, a conspiracy against infant life, more widespread and more fatal than the decree of Herod of old. To prolong lactation, with such material for mothers, is cheating ourselves and the child, unintentionally, but none the less really, and is injuring the mother; and it ends too often in that formidable condition of mind and body, described by Copland under the head of "undue lactation."

It is often said that, if a child is not vigorous, its weaning should be delayed, if possible. I cannot but think that this view of the question has been held up too much, and has often led astray. In our anxiety to sustain a sickly child (too often an only one), we forget to scrutinize carefully enough the mother's condition. Many an infant has, by advice, been carried into the hot season, tugging at a breast likely to fail it in the time of its extremity, and, therefore, absolutely more dangerous to its welfare than all the hazards of an earlier weaning.

If a child has been fed at the breast for months, and is only poorly, it is but fair to inquire carefully into the mother's condition, especially as to the quantity and quality of the milk, for it is probably quite time that the child be weaned, or put to another nurse. At any rate, let there be caution how lactation is prolonged *because* the child is not doing well. "Small and weakly infants," says a writer seventy years ago, "if rather feeble than ill, are oftentimes benefited by being weaned; they should, therefore, about this age [12 months] be taken from the breast, instead of being, on account of weakness, nourished much longer in that way; a trial of such a change should at least in most instances be made."

But I must confine myself (for the sake of your patience) chiefly to these two topics, viz.—At what age, as a general rule, should a child be weaned, and at what season of the year?

Dr. Copland says: "The termination of the period of lactation becomes necessary when the infant is sufficiently old to be fed by many of the usual articles of diet, when it is from eight or nine to fifteen months old, and when it has four or six teeth, or more."

Dr. Maunsell says: "The time of weaning should be that indicated by nature, that is to say, between the seventh and twelfth month, in ordinary cases; when, by providing the child with teeth, she furnishes it with the means of obtaining nourishment from substances of a somewhat solid form."

Dr. Donné says: "It is ordinarily about the age of twelve or fifteen months that weaning should take place."

Dr. Tanner says: "The proper time for weaning healthy children is between the ninth and twelfth month."

Dr. Dewees says: "When the child has arrived at the eleventh or twelfth month of its age, it is generally thought to be sufficiently advanced to be taken from the breast."

Dr. James Jackson says: "Children are benefited by living principally on the breast for twelve months."

Sir John Forbes says: "The time of weaning ought to be determined chiefly by two circumstances—the health and state of the mother, and the development and health of the child. When the health of the mother continues perfect and the supply of milk abundant, weaning ought not to take place until the development of the teeth shows that a change of food is required. This usually happens about the ninth or tenth month."

Dr. James Stewart says: "As a general rule, the child ought not to be kept at the breast beyond a year; it may also, in the majority of instances, be weaned about the ninth or tenth month."

Dr. Gream says: "The child may be weaned between the eighth and tenth month."

Dr. Underwood says: "We shall not be very wide of the order of nature, if we say that a child ought not to be weaned much earlier than a twelvemonth old."

Dr. Condie says: "The proper period for the child to be taken from the breast may be stated, as a general rule, to be at the end of a year."

These are all the authors I have seen.

But I have additional authority in the testimony of members of this Society, whose wisdom and experience must not be lost. The first says: "I think a full year as good an age as any for weaning. I have known and directed children to be weaned at almost every age, and they have done well. Various causes may exist which render it necessary; as, for example, deficiency of nourishment on the mother's part, difficulty in assimilating the milk on the part of the infant, pregnancy or failing health in the parent; or any combination of circumstances, when it is apparent that the child or mother is not thriving. In many of these cases a wet nurse is the best substitute; but if, for any cause, not procurable, I do not hesitate to advise weaning, if I can depend on the judicious management of the mother or attendants in the matter of quantity and quality of the food, and attention to the cleanliness of the utensils in which the food of the child is prepared."

Another says: "My rule with regard to weaning has been something like this: if the child is near a year old in May, the first part of the month, is healthy and well advanced in teething, I allow weaning; but if not, I advise nursing till after dog days. I do not like to have a child getting its teeth at the age of fifteen to twenty-one months, in July and August, *recently weaned.*"

The third says: "The first consideration is the health and well-being of the mother, as her life is the most valuable, and should not be put in jeopardy. If she bears nursing *well*, it may be continued from twelve to eighteen months, the time of weaning to be regulated by the condition of the child and the season of the year."

The fourth says: "A child should be weaned, as a general rule, when it is from nine to twelve months of age."

The fifth says: "A healthy child should be weaned at the age of one year."

The sixth says: "I should say nine months, supposing the child to be vigorous and healthy."

The seventh says: "Theoretically, nine months is the proper time; practically, seasons taken into account, nine to twelve months (or a few weeks more in exceptional cases), is quite the *reasonable* period."

The eighth says: "My impression is that it is well to nurse children more than one year; but we must be governed somewhat by the appearance of the teeth. As you are seeking the opinion of the experienced, I will add that I recollect once hearing the late Dr. George Hayward say that, in children of scrofulous tendencies, the disease was likely to be developed under prolonged nursing."

The ninth says: "I believe it is best that a child should be weaned at from ten months to a year old. It is not unfrequently an injury to both mother and child to continue lactation to fifteen or eighteen months."

I have one more authority on this point, and it is one of much value because it represents British medical opinion, and fixes the term of lactation independently of the condition of the mother. Before Victoria's first born appeared, Sir Joshua Waddington prepared a code of rules for the government of the royal nursery, and they were approved by the medical staff of Her Majesty. In these rules it is declared, that it is generally advisable that an infant be weaned "at the age of nine months."

The best average I can make, from all these authorities, gives almost eleven months as the approved term for lactation. But eleven months is a longer period than I would have, as a rule, in the present state of society. Children weaned at nine months do as well as those weaned at twelve months, for aught I have discovered. And if we fix nine months as the proper term of lactation, one, two or three months will, in many instances, be added to it, from a variety of causes; and if a longer term than nine months is named, just as much will be added to that, and lactation will be prolonged to a very doubtful period.

I suggest nine months—not as prefigured by gestation, nor by anything else, but—simply as the reasonable term for nursing.*

In support of a shortened term of lactation, I have an impression, strong enough to influence me a good deal, that children nursed beyond one year—above all for two years—are not as likely to do well as those weaned earlier; and that scrofulous or puny children are not benefited by an extended term of nursing, especially of their own mothers; and, on the other hand, that mothers are generally benefited by a brief term of lactation.

The advancement of the teeth is generally made an item in deciding the question of weaning. The age for the development of the canine teeth—the most dreaded period of dentition—is about the eighteenth month, and to wait for the appearance of these teeth would be to establish an unreasonable term of lactation.

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* Since this paper was read, a studious friend has sent me the following:—"It is generally recognized that the healthiest children are those weaned at nine months complete. Prolonged nursing hurts both child and mother; in the child, causing a tendency to brain disease—probably through disordered digestion and nutrition; in the mother, causing a strong tendency to deafness and blindness. It is a very singular fact, to which it is desirable that attention were paid, that in those districts of Scotland, viz., the highland and insular, where mothers suckle their infants fourteen to eighteen months, deaf-dumbness and blindness prevail to a very much larger extent among the people than in districts where nine and ten months is the usual limit of the nursing period.—Dr. WM. FARR *on the Mortality of Children.*

On this point of the importance of the development of the teeth, writers are very indefinite; and each writer who does specify what teeth he would have the child exhibit at the time of weaning, states that children usually show the specified teeth at about the age he has named as the fit time to stop lactation; so that in fact the cutting of the teeth comes to be a part of a cautious theory, but is in reality of very little consequence in deciding whether a child should be weaned or not.

Practically, children, like some adults, get on comfortably with few teeth or even none. And I have long inclined to the opinion that the *late* development of the teeth is not unfavorable to the well-being of the child. This opinion will, perhaps, be sustained. In defence of it I cannot here enlarge, but will mention the facts in one family. Two brothers, the only children, now seven and nine years old, and always in good health, were both weaned, of necessity, before they were nine months old; neither child had a tooth till full fifteen months old, and both had a very easy dentition.

But to our second topic: at what season of the year should a child be weaned?

The writers who have condescended to treat of weaning, say very little about the season of the year. Tanner and Copland, Stewart and Underwood, Gream and Maunsell, say nothing about it. Dr. Donné (writing in Paris) says: "Season is of little consequence for children that are well and of good constitution."

Dr. Condie says: "Spring or autumn should invariably be made choice of for the period of weaning."

Dr. James Jackson says: "The safest period for weaning is from the middle of October to the middle of March; provided they be not weaned under ten months after December, under eleven after January, nor under twelve after February."

Dr. Dewees divides the year into three periods for weaning, viz., the convenient, the inconvenient, and the improper season. The moderate months, March, April, May, June, October and part of November, are the convenient season. The cold months, part of November, December, January and February are the inconvenient season. The hot months, July, August and September are the improper season.

But, on this point of the season of the year, I have the privilege to introduce again the testimony of my associates.

The first says: "On this point I have not much hesitation; I prefer October. The nights are not then too long or too cold. It is much easier, therefore, than later, and in the winter. I think better for the child, inasmuch as it gives a longer period for it to become accustomed to its new food before the approach of the hot weather renders it prone to those gastric disturbances which so often end in cholera infantum."

The second says: "I never advise weaning in July, August or

September, if not obliged to do so. I generally, so far as *the child* is concerned, advise—if the age, state of health and stage of teeth are favorable—the weaning of a child in April or May, or waiting until October or November, as near as may be."

The third says: "If a child is not more than a year old in the spring, it should be nursed until the middle of autumn, which is the best season for weaning. If the child is one and a half year old in the spring, in good health, and having the usual supply of teeth at that age, it should be weaned."

The fourth says: "At any time except in the months of July and August, in which if children are weaned they are liable to be attacked with bowel complaints. Ladies rather prefer the early part of June and the last part of September, and avoid, if possible, the extreme weather of winter."

The fifth (with characteristic brevity) says: "Either after the warm season has passed, or before it has commenced. Of the two, I prefer the former."

The sixth says: "A child should not be weaned between the first of May and the middle of October following. This is my general rule, but there are cases which forbid its adoption. When the mother's health or the digestion of the child requires weaning, the season of the year is not to be considered; but in such cases greater care will be required for the preservation of the health of the child. If a child be a year old on the first of May, he should be weaned in April; if after that, he should nurse till October."

The seventh says: "For myself, I have always advised postponing weaning, otherwise suitable, till the winter months commenced, or at least till the middle of October, when circumstances required earlier than the first named time. For instance, a child has reached nine months in the middle or last of summer; I advise deferring weaning (complete weaning) till November or December, if mother and child *agree*. That is, I prefer a few weeks, or months, longer than nine months, to a complete change in summer or fall. Weaning after the end of February always seemed to me to be more risky than before that time—a few more weeks of age not compensating for the greater risk."

The eighth says: "As to the season of the year, we should avoid those months when diseases of the bowels prevail. If I saw any good reason to advise weaning, I should not be prevented from doing so by the consideration of the season."

The ninth says: "The season most favorable for weaning I believe to be from the last of October to the middle of December. Next to that I prefer first, January; secondly, February; thirdly, March; fourthly, April; in short, giving preference to the months in the order in which they are remote from the next hot season, when children, who are not accustomed to feeding, are so much more liable to obstinate diarrhœa and cholera infantum."

The testimony now presented, both of authors and of associates, is strong and decisive against weaning in hot weather; and it points clearly to the late fall as the best period for weaning.

The suggestions of Dr. Dewees, spoken of before, which divide the year into a convenient, an inconvenient and an improper season, were based on a large and careful observation, and are well worth remembering. If we look, however, for a formula on the season, we shall hardly find anything more concise than the words of one of our number already quoted: "either after the warm season has passed, or before it has commenced. Of the two, I prefer the former."

But in this evidence some doubt appears about weaning in the spring.

I will only add, for myself, that (so strong is my conviction that much nursing is not well borne by the mothers of this day) I would not hesitate to wean in the spring. If a child is nine months old early in May, I would advise that it be weaned, unless its mother exhibited uncommon capacities as a nurse. But each case of weaning, like each case of sickness, is to be considered and managed by itself, and not to be disposed of in rigid accordance with any fixed rules or maxims.

MENTAL TOXICOLOGY.

[Concluded from p. 246.]

A comparison of these illustrations will warrant the conclusion, I trust, that weakness of the presentative faculty—implying limitation in the range of ideas, or ignorance—results in a corresponding feebleness in the regulative faculty, or common sense. The removal of that control lets loose the imagination, which becomes morbid, because fear is twin sister of ignorance. As the emotions are determined by the preceding processes of cognition, they become roused into passions, which prevent a deliberate act of will, but excite a "blind tendency to act"—or desire—which manifests itself as an acute mental neurotic poison, acting through the cerebro-spinal system, in the modified character of morbid sympathy and imitative impulse. "The tendency of advancing civilization," says Buckle, "is to invest the reasoning powers with that authority which, in an early stage of society, the imagination exclusively possesses; but even in this age it has far too much power."

Dr. Taylor remarks that "most poisons, when their effects are not rapidly manifested, . . . are capable of slowly undermining the powers of life, and killing the patient by producing emaciation and exhaustion."

In illustration of what may be called chronic mental poisons, I will refer to premature and excessive use, or abuse, of the mind, acting through the cognitive faculty upon the vital process of innervation—

and also to mental influences of a depressing character, especially such as result in nostalgia, as that serves in illustration. The latter appear to act more especially through the emotions, or the "phenomena of pain," upon the vital process of nutrition.

In illustration of premature and excessive mental labor combined, I will quote from the words of Dr. Ray on "Mental Hygiene"—a book which should be adopted as a standard reader in our public schools, so that the inculcation of its principles may influence another generation to practise what the present seems to ignore.

"How much a man may use his brain without endangering its health, is a question which admits of no definite answer, because it depends much on the original stamina of the individual and the intensity of his application. . . . After making all allowance for these differences, I think we may say that few can exceed six hours a day of close mental application without endangering the health. . . . . Men who have been long accustomed to write books, and experience a certain pleasure in the exercise, unite in declaring that five or six hours a day in the labor of composition cannot be profitably exceeded. According to the chemical experiments of Professor Houghton, of Trinity College, Dublin, respecting the relative amounts of physical exhaustion produced by mental and manual labor, two hours of severe study consume as much vital force as is abstracted by an entire day of mere manual labor.

"Sir Walter Scott, than whom few literary men have accomplished a greater amount of intellectual labor, by reason of a naturally strong constitution, good habits of exercise and recreation, emphatically declared that six hours a day was the utmost limit of his task work; and the correctness of his statement was painfully verified in the latter part of his career, when the desire of retrieving his fortunes induced him to exceed this stint. The melancholy result is known to every one, and it forms a chapter in literary history unsurpassed by any other in its deep, tragic interest." He died of paralysis. . . . "Unless, therefore, we greatly misapprehend the nature of the connection between mental activity and the organic condition of the brain, we have a right to conclude that the youthful powers may not be less severely tried by five or six hours study than the adult mind by the practice of writing for the same period. But this is not all. The young and the adult brains possess very unequal capacities of application and endurance. . . . . To suppose the youthful brain to be capable of an amount of task-work which is considered an ample allowance to an adult brain, is simply absurd, and the attempt to carry this folly into effect must necessarily be dangerous to the health."

This absurd folly is the practical system of education in the city of Boston and throughout New England. The youthful mind is forced into a state of the highest activity for five and six hours daily for years in succession. The Sabbath, even, is not a day of mental rest. Most frequently additional tasks of mental labor are daily required out of school hours at home. That children survive this form of poisoning, only illustrates the influence of habit on poisons. Dr. Tyler says: "Habit, it is well known, diminishes the effects of certain poisons. . . . . The same influence of habit is manifested in the use of . . . . strychnia and other alkaloids." Children who may be salutarily obtuse, and who are vigorous in recreation, probably will survive; but too many sensitive and ambitious children, stimulated often by mistaken parents to renewed exertions, have their names either recorded in flattering obituaries, or in the melancholy annals of our public institutions.

Epilepsy, chorea, and a nervous erethism which is the vanguard of hosts of disease, are among some of the effects of chronic poisoning of this character. As the substance of the brain is consumed by every thought, emotion, and exercise of the will, there is continually during wakefulness a constantly progressing destructive metamorphosis of nerve cells in the brain, depending upon the activity of the mental faculties. The balance between destruction and repair is made up by the process of nutrition, and, in most part, during the hours of sleep.

Dr. Anstie remarks that "a paresis of the vaso-motor nerves of the cerebral arteries is produced by excessive mental exertion"—being dilated, therefore, they passively retain instead of actively contracting upon the vigilant current—and, as Dr. Hammond states, "wakefulness is produced by an increased amount of blood attracted to the brain by long-continued or excessive mental exertion."

This fatigue, or rather paralyzing effect of chronic mental poisoning, may be so long continued as to render it impossible for the tired brain to get repose. Insomnia, paralysis, and hosts of nervous disorders, are among some of the toxical effects of excessive mental exertion. Sir Walter Scott, Cowper, Southey, Sir William Hamilton, and multitudes of our once brilliant cotemporaries, whose palsied bodies are but the charnel houses of their souls, mournfully attest the startling truthfulness of the toxical effects of excessive mental exertion.

The taint of these poisons is hereditarily transmissible.

It is a question of the gravest import, in view of the close analogy between the effects of material and mental neurotic poisons, whether there may not be some similar responsibility accruing to the administration of each.

In the etiology of tuberculosis, Dr. Dobell speaks of the paralyzing effect upon the vital process of nutrition, of disappointment and nostalgia.

In illustration of some of the effects of nostalgia, I can perhaps do no better than to refer to an article which I read with bitter interest at the date and place of publication. I quote from the

Charleston, S. C., *Daily Courier*, Sept. 19, 1864. "There are Federal prisoners to the number of fifty thousand now literally languishing between life and death in the prisons of the Confederate States. Nostalgia, in its most repulsive feature of insanity, makes a Bedlam of lunatics of these prison pens, whose wretched inmates lie down at night exhausted with their meaningless words about home and exchange, to rise again in the morning and renew the same unintelligible jabbering. Death carried off at Andersonville alone, in the months of July and August, *eight thousand and eight* of these poor creatures. Human misery has reached its acme when insanity supervenes, and the loathsome disease which follows nostalgia is known to physicians to produce derangement."

In an essay upon Scurvy, Dr. Hammond says: "Nostalgia is a common exciting cause of scurvy. To this, and the despondency of mind which attends it, the attacks of scurvy which have proved so fatal to Arctic adventurers owe much of their violence."

These examples, I trust, attest to the toxical influence of the mind, as a chronic neurotic poison, "in slowly undermining the powers of life, and killing the patient by producing emaciation and exhaustion," or by its poisonous action upon the vital processes of nutrition and innervation. This effect may result, as in the last examples, from the influence of the depressing emotions, or "the phenomena of pain."

Examples of the influence of the mind as an irritant poison are of comparatively common occurrence. Dr. Murray remarks that, "the most baneful effects of emotion are to be found in those parts supplied by the sympathetic system, viz., in the viscera, and blood-vessels . . . . leading to disturbance in the processes of circulation, nutrition," &c. Dr. R. B. Todd says that, "upon none of the organic actions does emotion exert more influence than the circulation. In blushing, in the deadly paleness of the blood-deserted cheek, in the cold sweat of fear, in the depression of the heart by syncope, we find instances of action . . . . due to local changes in the capillary circulation by the power of emotion."

Terror, section of the cervical sympathetic, large doses of opium and alcohol, the poison of cholera, and the venom of serpents, all have analogous modes of paralyzing vaso-motor nerves by their toxical actions. The biliary secretion is stopped by the bite of venomous serpents. "The most rapidly fatal cases of cholæmic poisoning," says Dr. McLeod, "are due to paroxysms of mental emotion."

The poison of cholera suppresses the biliary function, while terror—which ignorance of natural laws engenders—is oftentimes far more efficient in the production of that disease than any general susceptibility of the digestive organs. The secretions may be increased, as is seen in the copious effusion of watery elements oftentimes produced by terror. In a recent work entitled "Surgical Observations, with Cases," Dr. J. Mason Warren records an interesting case, "showing the powerful influence of fear in effecting the reduction of an apparently irreducible hernia, which had resisted all the ordinary means of treatment." The influence of terror upon sensation is familiar in the chill horror of fright. A "burning shame" is a trite phrase—or rather used to be before chorea lasciva became epidemic. It is said that the test for a thief in India consists in compelling the parties suspected to hold handfuls of rice in their mouths, and the offender is detected by the dryness of his mouthful.

The toxical influence of certain emotions will decompose the elements of bile and urine. Instances of nausea and vomiting caused by disgust are well known. Ovarian and uterine diseases, abortion and miscarriage, are among some of the most lamentable results of mental irritant poisoning. Shakspeare compares the effect of jealousy upon Iago to a corrosive mineral poison.

"For that I do suspect the lusty Moor
Hath leap'd into my seat, the thought whereof
Doth, like a poisonous mineral, gnaw my inwards."

And also—

"Dangerous conceits are in their natures poisons."

The application of antidotes requires a thorough knowledge of mental physiology, pathology and therapeutics, based on the principles of logical reasoning. If the melancholy results of statistics are correct, then must we believe that the principles of psychotherapy are but comparatively little understood in general practice. They teach that eighty per cent. of mental diseases *may* recover, if *promptly* recognized and correctly treated; whereas, the uniform result, deduced from the comparison of thousands of examples, *is*, that scarcely forty per cent. recover, but become chronic and a burden to the country, because the proper opportunity for treatment was either unrecognized or criminally employed in ignorant tampering. The words of Dr. Forbes Winslow are so appropriate in illustration, that I will close with a quotation from his "Lectures on Insanity":—

"We form but a low and grovelling estimate of . . . . the duties of our dignified vocation, if we conclude that our operations are limited to a successful application of mere physical agents. Many physicians of extensive practice are destitute of the ability of searching out and understanding the moral causes of disease. They cannot read the book of nature, ... in which will be found the most active and incessant principle of that frightful series of organic changes which constitute pathology. . . . . Many a disease is the *contre coup*, so to speak, of a strong moral emotion."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 2, 1867.

FEMALE PRACTITIONERS OF MEDICINE.

We revert to this subject, as we find it still occasionally alluded to in various quarters.

To those whose idea of medical practice is that it consists in making a round of visits during certain convenient hours of the day, and prescribing elegant mixtures for chronic ailments, or lancing the gums of teething infants, the question whether the softer sex are competent to the work may seem easily answered in the affirmative. But, when one has tried the process for a few years, and felt the heavy burden pressing constantly upon his shoulders, and the strain upon the mental and physical energies, which, with the absorption of his time, often leaves little opportunity or inclination for the enjoyment of society or amusement, the subject becomes one which requires somewhat careful consideration. To recollect for a moment, the broken slumber, the warm bed left for a distant walk or ride in cold or storm, to be followed perhaps by hours spent by the bedside of suffering and danger; the morning's work begun with that fatigue with which the sons of toil are wont to end the day; the temptation to sympathetic feeling which duty demands shall be kept within stern control; the stubborn facts with which we have to deal, and which necessitate the strictness of logical inference, yielding no play to the imaginative or the fanciful, save to lead to error or delusion; the rough contact with the vulgar and the vicious as often as the favored intercourse of the refined; these things suggest at least a doubt.

But we live in a part of the world and in an age where and when everything that is established and recognized must be investigated anew—must show its credentials. Nothing must be taken for granted. That a course of action has not been tried is sufficient reason that, with or without reference to the fitness of things, it should be attempted. The rostrum and the pulpit have been graced by our sisters of the fairer sex, and now these latter demand admission to the ranks of peripatetic doctors.

From Hippocrates to the present day medicine has been mostly in the hands of men. Votaries of Lucina have indeed existed among women in all time, though generally in a subordinate position. Also while the medical art was confined to the Arabian school of physicians and the Roman Catholic Priests, midwifery was practised altogether by females, and continued in their hands till Ambrose Paré began its restoration to our profession. That obstetrics, while for that long period under the control of midwives, made no advances, we shall not use as an argument in this place, because, general education being usually denied to women at that time, it would be unfair to expect much of them in the way of scientific discovery. It is, then, altogether by *a priori* reasoning that we shall endeavor to draw our conclusions—not as to whether it be expedient that females should attempt the practice of medicine—but as to whether they will be likely to succeed.

We take the negative side, from considerations which we will endeavor briefly but respectfully to present. First, a physiological obstacle has often been alluded to, viz., menstruation. That function occupying, we will say, from three to seven days, it follows that the adult female, before the period of the final cessation of the catamenia, is menstruating—when in health and not pregnant or nursing—from about one ninth to one fourth of her time, year in and year out. During the menstrual period, Michelet declares that the woman is an invalid, and should be treated as such. In this there is, perhaps, exaggeration. Yet there is a certain truth behind Michelet's theory, in that the menstrual condition verges closely upon, and easily crosses the line into the abnormal, and thus amounts to an impediment. The natural congestion of the genital organs during the catamenia, is with facility converted into a morbid one, and their general exaltation of function at that time renders them prone to disorder. A sudden chilling of the surface, or even of the extremities, is sufficient often, as we know, to arrest the menstrual flow, and to bring on a febrile condition, delirium, and even convulsions. During, then, from one ninth to one fourth of the active period of life, it is imprudent for the female to be exposed to those inclemencies of weather which, by night and by day, and for seven days in the week, it is the business of the medical practitioner to encounter.

But, further, just as in childbed the entire organization may be said to be in the puerperal state, so during the catamenia other and distant organs, as the brain, share in the menstrual condition with the uterine system. And the subject of this latter condition, if not an invalid as Michelet says, yet requires to be treated with extraordinary forbearance. She is often perverse in her feelings, her views of things are liable to be distorted, and her judgment to be less reliable than usual. Thus we argue that the menstrual state is liable to be an obstacle to the female practitioner, both objectively and subjectively.

But, if the female disciple of Hippocrates be married, she will be, we take it, as liable to family accidents as other women. Pregnancy, with its more or less enfeebling reactions, and burdensome disability, with its risks also to mother and fœtus from mental shocks; childbed, with its weeks of enforced inaction; the period of lactation, with its bondage to the claims of maternity; must, taken together, involve a year and a half or more of withdrawal from professional avocations. Such protracted withdrawal would be likely to break up the practice of any physician. In fact, we shall take it for granted that marriage would pretty much end the medical career of the female, and thus, from a business point of view, cause to be thrown away the years of preparation necessary for professional competency.

Secondly, that overflowing sympathy which is such an attractive characteristic of woman, and which renders her a gentle and devoted nurse, not only meeting but anticipating every want of the sick bed—that very excess of sympathy stands in the way of her efficiency as a physician. Even we, with our sterner natures, are often compelled to great efforts to subdue our feelings that calm reason may have sway; that we may decide coolly and deliberately on the measures best to be chosen; or, what is harder still, that we may preserve a masterly inactivity. The tendency of uncurbed sympathy is toward impatience of the slow action of remedies, toward frequent changes, and toward redundancy in the employment of them. Thereby nature is not given fair play, and the patient is the loser.

Thirdly, the peculiar characteristics of the female mind, we think, hardly afford scope for first-class attainments in either medical observation or practice. Here, however, we are not to permit our gallantry to be impeached by assuming the mental inferiority of woman. For the sake of the present argument we might even admit her intellectual superiority. It is sufficient for our purpose to claim that the feminine intellect is cast in a different mould from the masculine. We consider that both have their special merits and deficiencies, and are thus supplementary to each other. Among the special qualifications of the masculine mind we place logical solidity, and a certain grasp which gives the power of surveying a wide range of facts, of classifying them so as to assign to each its proper place and bearing, and of passing upon them, as it were, judicially. The female intellect, on the other hand, we hold to be more suggestive, quicker and more acute in its perceptions, and perhaps more intuitive. The latter seems to us allied in its workings to the poetic temperament, and even to genius; the former to the laborious plodding of talent. Now for observation of, and induction from medical facts, we do not want the creative genius even of a Milton, but rather the patient research and broad reach of the Baconian philosophy. And in the diagnosis of a case we require not the sparkle of inventive wit, but the careful collection, sifting and comparison of evidence indicative of the judicial mind. In both diagnosis and the selection of remedies, we particularly eschew impulsive judgments, and all "jumping at conclusions." And we beg the pardon of the fair sex if we intimate that to these errors they are gracefully prone.

Lastly, that nicer sense of delicacy which is the birthright of woman, and which we love to see her cherish, should, we think, interfere with her acquiring that knowledge of the human frame which is necessary to the medical practitioner, and oppose her familiar dealing with certain matters of daily medical experience; particularly when we remember that we have assumed to confine the list of female doctors to unmarried women. That female medical pupils should be instructed in common with students of the other sex is not to be thought of. Delicacy and even decency forbid it. Separate institutions would have to be established for their education. But, even then, we must say that the necessary curriculum of medical pupilage is such that we cannot think young girls would be elevated by it. To initiate them into the ghastly mysteries of the dissecting-room and dead-house, must blunt their natural refinement. To familiarize them with the anatomy and physiology of the male and female generative systems, together with the whole history of the relations of the sexes and with that of venereal diseases, we must believe would unsex them. Indeed, we are old fashioned enough to think that it is not well for them to know everything which their mothers do, and which matrons may learn without the suggestion of prurient imaginations. Nay, we are assured that the pure-minded girl instinctively feels that there are certain subjects which her maidenly dignity requires her to ignore.

In fine, to sum up our ideas on this subject in one sentence, we do not believe that women are adapted to the study and practice of medicine. If the reverse ever obtains, as where a woman has a masculine instead of a feminine cast of mind, it is, we think, but the old story of the exception proving the rule. We can neither legislate nor educate to cover exceptional cases.

The status of the apothecaries of Massachusetts as it relates to the law for the sale of spirituous liquors, is ably set forth by Mr. S. M. Colcord before the "Joint Committee on Licenses of the Senate and House," and reminds us somewhat of the former position of the medical profession regarding anatomy. While there were no means of acquiring a knowledge of practical anatomy, except surreptitiously and in violation of law, yet malpractice resulting from ignorance of the structure of the human frame was severely punishable. It was necessary to dissect, and yet the means of dissection could not be legally obtained. So now, the apothecaries are under the daily necessity of dispensing spirituous liquors, while their so doing is in contravention of the prohibitory law, and renders them liable to severe penalties. That pure wines and liquors are often necessary in the treatment of disease, and sometimes indispensable to the preservation of life, is a point which requires no discussion in these pages.

We have received a specimen of "syrup of the phosphates of iron, quinia and strychnia," from Mr. G. F. H. Markoe, a highly reliable "chemical pharmaceutist," associated with Mr. J. T. Brown, Washington St., corner of Bedford St.

With reference to this article, the Editor of the *New York Medical Journal* says:—

"Dr. Lyons has for some time past employed, with, he conceives, very important therapeutic results, this powerful tonic combination, for which the profession is mainly indebted to the late Dr. Eaton, Professor of Materia Medica in the University of Glasgow, and Professor Aitken, of the Royal Victoria Hospital, Netley."

The last edition of Aitken's "Practice of Medicine" gives the following formula for the preparation of this tonic:—

"℞. Ferri. sulph., ʒv.; sodæ phosph., ℥i.; quiniæ sulph., grs. excii.; acid. sulph. dil., q. s.; aquæ ammoniæ, q. s.; strychniæ, gr. vi.; acid. phosph. dil., ℥xiv.; sacchar. alb., ℥xiv. Dissolve the sulphate of iron in one ounce of boiling water, and the phosphate of soda in two ounces of boiling water. Mix the solutions, and wash the precipitated phosphate of iron till the washings are tasteless. With sufficient diluted sulphuric acid, dissolve the sulphate of quinia in two ounces of water. Precipitate the quinia with ammonia water and carefully wash it. Dissolve the phosphate of iron and the quinia thus obtained, as also the strychnia, in the diluted phosphoric acid; then add the sugar, and dissolve the whole and mix without heat. The above syrup contains about one grain of phosphate of iron, one grain of phosphate of quinia, and one thirty second of a grain of phosphate of strychnia in each drachm. The dose might therefore be a teaspoonful three times a day."

Mr. Charles Bullock, in the *American Journal of Pharmacy* for March, 1867, describes what he considers an improved method of making the combination.

We have received from Dr. Jos. M. Toner, 350 Pennsylvania Avenue, Washington, D. C., a circular referring to a proposed "Biographical Dictionary of Deceased American Physicians." Any one having in his possession obituary notices or other information concerning deceased American practitioners of regular medicine would confer a favor on Dr. Toner by sending him such materials for his work.

Delegates to the American Medical Association are reminded that the annual meeting for 1867 takes place at Cincinnati, on Tuesday of next week, May 7th, at 11, A.M.

New Medical Journal in Kansas.—We have received the prospectus of a new monthly medical Journal to be published in Leavenworth, Kansas, under the name of the *Leavenworth Medical Herald.* The Editors are C. A. Logan, M.D., and T. Sinks, M.D. Each number will contain forty-eight pages of reading matter, and the journal is intended to be the organ of the extreme Western States. The editors have our most cordial sympathy in their undertaking, which certainly indicates a most enterprising spirit.

Middlesex South District Medical Society. MESSRS. EDITORS,—At the annual meeting of the Middlesex South District Medical Society, held at Waltham, April 17th, the following officers were elected:—*President,* Samuel Richardson, M.D. *Vice President,* Henry Cowles, M.D. *Secretary,* J. T. G. Nichols, M.D. *Treasurer,* B. F. D. Adams, M.D. *Supervisors,* Drs. L. E. Partridge, J. Pratt, Josiah Bartlett. *Censors,* Drs. M. Wyman, J. L. Sullivan, L. B. Morse, R. S. Warren, C. H. Allen. *Commissioner on Trials,* Dr. Theo. Kittredge. *Councillors,* Drs. Anson Hooker, Enos Hoyt, T. P. Robinson, W. W. Wellington, J. F. Wakefield, J. C. Harris, J. C. Dow, E. F. Barnes, A. C. Livermore, A. C. Webber, Levi Goodnough, Howland Holmes. *Delegates to American Medical Association,* Drs. L. B. Morse, Edgar Parker, J. L. Sullivan, L. E. Partridge, A. W. Whitney, Anson Hooker, Augustus Mason, Morrill Wyman, J. Appleton, R. L. Hodgdon, Jeffries Wyman, J. R. Morse.

J. T. G. NICHOLS,
Secretary.

Cambridge, April 23, 1867.

ALBERT DAY, M.D., the organizer and successful manager of the Washingtonian Home in this city, has been appointed Superintendent of the State Inebriate Asylum at Binghamton, N. Y. The trustees have been fortunate in securing the services of so able a man. It is hoped that the institution will be opened about the first of May.

PROF. WM. WARREN GREENE, of Berkshire Medical College and of the Medical School of Maine, has received the appointment of Professor of Surgery in the University of Michigan. It is doubtful whether he accepts the appointment.

AT the close of the first course of lectures at the Humboldt Medical College, in St. Louis, Mo., on the 11th ult., four gentlemen received the degree of M.D.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 27th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	36	33	69
Ave mortality of corresponding weeks for ten years, 1856—1866	40.4	39.7	80.1
Average corrected to increased population - - - -	00	00	87.2
Deaths of persons above 90 - - - - - - -	0	0	0

PAMPHLETS RECEIVED.—A Theory of Inflammation—Its Cause, Course and Rationale of Treatment. By Nelson L. North, M.D., New York.

DEATHS IN BOSTON for the week ending Saturday noon, April 27th, 69. Males, 36—Females, 33. Abscess, 2—accident, 1—apoplexy, 1—congestion of the brain, 1—disease of the brain, 6—consumption, 15—convulsions, 1—debility, 1—dropsy, 1—dropsy of the brain, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 2—gastritis, 1—infantile disease, 6—disease of the kidneys, 1—laryngitis, 1—congestion of the lungs, 2—gangrene of the lungs, 1—inflammation of the lungs, 9—marasmus, 1—pleurisy, 1—pyæmia, 1—smallpox, 3—syphilis, 1—unknown, 5.

Under 5 years of age, 22—between 5 and 20 years, 8—between 20 and 40 years, 18—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 52—Ireland, 11—other places, 6.

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SOME CASES FROM PROF. GREENE'S CLINIC IN THE MEDICAL SCHOOL OF MAINE, SESSION OF 1866.

Reported by H. H. Kimball, M.D., Professor of Surgery.

[Communicated for the Boston Medical and Surgical Journal.]

Softening of Inferior Dental Nerve; Exostosis of Infra-orbital Canal; Trephining; Cure.—Mrs. W., aged 54. About three years ago, she began to suffer from pain at the angle of the lower jaw on the right side. This was paroxysmal in its character, but the attacks were so frequent and severe as to unfit her for usefulness or enjoyment. Her sufferings had been much increased during the past year, and the pain now affected the whole side of the face, being quite severe in the *infra-* and *supra-*orbital regions. There was no tenderness or swelling; no apparent derangement of the general health that was not referable to the local suffering. She had undergone most thorough medical treatment, both general and local, in the hands of good physicians, with no avail. Hypodermic injections of morphine and atropia had failed to afford any marked relief. Prof. Greene said that from the fact that there was no failure of the general health previous to the local trouble, and none now except the debility, fairly attributable to the long-continued pain, and also the fact that the various plans of treatment, whether alterative or tonic, combined with the most powerful anodynes, had failed, it was probable that the disease was local in its character. Whether the inferior dental nerve alone was involved, or whether the main trunk of the fifth pair was diseased, was doubtful, but as the pain was so completely localized at the angle of the jaw at the outset, and so remained for many months, the probabilities were that the pain along the other branches was reflex. At any rate, it was one of those cases where we are justified in trephining the jaw and exposing the nerve. We might find the nerve inflamed or softened, or pressed upon by a little bony tumor projecting within the dental canal. Oftentimes these cases were associated with and dependent upon ostitis or caries, but here there was no evidence of diseased bone. The two last molars had been extracted years before, but the parts seemed healthy. Dr. G.

had operated in one case where the nerve and the surrounding bone appeared perfectly healthy, but perfect relief followed division of the nerve.

Ether was given, and a curved incision, with its convexity looking downward and backward, made over the angle of the jaw, the bone carefully exposed, and with a small trephine a button of bone removed, exposing the dental canal. The nerve was found so much softened as to lacerate readily when the attempt was made to raise it from its bed. The exposed portion was all removed, the wound closed with silver sutures, and a wet compress applied. The relief from pain at this point was immediate and complete. The 'lady slept well without anodynes, and in a week returned home well, with the exception of some pain still existing in the infra-orbital region.

At the end of six weeks she returned, complaining of a great increase of suffering. The pain was well localized, and entirely neuralgic in its character. Ether was again administered, and by a curved incision the nerve was exposed at its exit from the infra-orbital foramen. It appeared to be perfectly healthy, but upon cutting away the walls of the canal for half an inch, a little sharp exostosis was seen upon the right side, pressing upon and flattening the nerve. This was removed, the wound closed, and simple dressing applied. The relief was immediate and complete. The patient remained well two months afterwards, since which there is no report from her.

Deep Tumor of the Neck; Ligation of the Internal Jugular Vein.—Mrs. ——, aged 42. Brought to the clinic by Dr. Palmer, of Brunswick. Two years ago, she noticed a little lump just above and to the outside of the right sterno-clavicular articulation. It was now an irregularly shaped, hard mass, about the size of a hen's egg, partially covered in by the sterno-mastoid muscle. It was not tender, and but slightly painful. It pressed with sufficient force upon the trachea to produce a severe cough and difficult breathing, and it was for this reason that she desired its removal. The skin was freely movable over it, as was the muscle, but its feel gave evidence of deep-seated attachments.

Prof. Greene said that although certain characteristics usually presenting in malignant growths were absent here, yet from its irregularity in shape, extreme hardness, and the age and cachectic appearance of the patient, while at the same time by the process of elimination the various benign growths could be fairly excluded, it was in all probability of a heterologous character. From its extreme depth and its probable attachments to trachea, œsophagus and the sheath of the main vessels, its removal would be attended with much hazard; nevertheless, as an operation was the only remedy, the attempt was justifiable under the circumstances.

Ether was administered, and the tumor exposed by a straight incision along the inner border of the sterno-mastoid. The tumor was adherent to the trachea and œsophagus, and firmly blended with the common sheath of the carotid and jugular, the latter vessel itself being so involved that in attempting to separate it the walls gave way and a profuse gush of venous blood occurred. This was immediately controlled by pressure until a ligature could be applied, when the dissection was completed and the growth removed. For some days the patient suffered from headache and local inflammation, but eventually made a good recovery, the ligature coming away on the thirteenth day. Prof. G. remarked, in this connection, that he was convinced, both on theoretical grounds and from his own experience, that the danger of ligating veins was much overrated by the profession.

Aneurism by Anastomosis.—A child, 11 months old, had a large, pulsating tumor, irregular in outline, somewhat flattened and of a livid color, occupying the scalp in the occipito-parietal region of the right side. After remarking upon the pathology of these growths and the various modes of treatment, the Professor transfixed the base of the growth with several long, stout needles running in different directions, underneath which a strong ligature was firmly tied around the base and then carried in various directions over the apex of the tumor, with the intention of *almost* obstructing the circulation, but not quite. Considerable depression followed the operation, reaction occurring in a few hours. In a few days the circulation was almost entirely obliterated in the superficial portion of the growth. A few points required additional transfixion with small pins enveloped with ligatures, and the large one around the base was tightened. The case was now very carefully watched, the pressure lessened at any point where sloughing threatened, and increased when the circulation increased, until after three weeks a complete cure was effected.

Malignant Disease of a Stump of the Leg; Amputation above the Knee.—A man, aged 45, had his leg amputated at the upper third for an injury twenty years ago. Between four and five years ago, he noticed a little hard point on the end of the stump, which *very slowly* spread, involving the surrounding tissues, and finally became the seat of ulceration and extreme pain. This had continued gradually increasing until the present time. The stump was now considerably enlarged, hard and livid. The ulcer was irregularly excavated and outlined; its surface grayish yellow, and secreting a thin, ichorous fluid, and the seat of pain so excruciating that for months the constant and free administration of anodynes had failed to secure rest. Inguinal glands not affected. The patient was extremely emaciated and feeble.

Prof. G. remarked that this disease was unquestionably malignant, at least clinically; whether it was scirrhus or epithelioma was a question, although he inclined to the opinion that it was the latter. Nothing could be done unless amputation were performed. Was it justifiable? The nature of the disease and the general condition of the man were opposed to it; but the probability that this was more *immediately* due to *pain* than to any other cause, and the freedom of the lymphatics, rendered it very probable that there would be a great improvement, temporary at least, with freedom from suffering, if he could survive the removal of the diseased mass. The prognosis was more favorable if the disease was cancroid in its character. Dr. Greene thought the chances were in favor of his bearing the shock, and, in accordance with the patient's urgent solicitation, amputation was performed above the knee by the circular method. The operation was well borne. He slept well that night, and under the free use of stimulants, cod-liver oil, and other concentrated articles of food, he rallied with surprising rapidity, being on his crutches again in a few days, the stump healing kindly. Under the microscope, the morbid specimen exhibited the structure pertaining to epithelioma.

Conglomerate Glandular Tumor of the Neck.—A young man, 28 years old, presented himself with an immense tumor of the neck, upon the right side, which he first noticed about three years before. It was now of such size that the anterior portion reached the trachea and the posterior dipped under the trapezius muscle, while it protruded proportionately upon the surface. It had become painful of late, and by pressure interfered seriously with the functions of the trachea, œsophagus and the deep vessels and nerves.

Ether being administered, the integument and superficial fascia, platysma myoides and deep cervical fascia were divided by a straight incision extending from the jaw to the clavicle. The tumor was thus uncovered, and by careful dissection removed entire. The deeper portions rested upon the cervical vertebræ. The sheath of the common carotid and internal jugular was opened during the operation, but neither of the vessels nor their accompanying nerves were injured. The growth was found to be one which Dr. J. C. Warren describes as a "conglomerate glandular tumor." The shock was very severe, as was the ensuing inflammation, and for several days his condition was very critical, but he finally made a perfect recovery.

MANAGEMENT OF DIABETES.

[Communicated for the Boston Medical and Surgical Journal.]

By J. O. Whitney, M.D.

Messrs. Editors,—I would like, through the Journal, to call the attention of medical men to the management of diabetes according to a little work by John M. Camplin, M.D. It is a book that all diabetics should possess for the purpose of guiding themselves in all things relating to their diet, clothing and the like matters. It likewise contains most valuable hints for the physician as to the medication of those suffering with this malady. I will relate but one case, which was under my direct observation, and no doubt there are hundreds who would receive the same amount of benefit by following the advice contained in the little work. The patient is about 33 years of age, a machinist by trade, and weighed, for five years previous to his ailment, two hundred and fifty pounds, five feet eleven inches in height, light complexion, always a great eater, and drank large quantities of water daily. He served as a volunteer in the U. S. Army a year or more; a few months subsequent to his discharge, he became diabetic. He first came under my notice in August last, then weighing only one hundred and forty-six pounds, and, according, to his own account, was using eight gallons of liquids daily, urinating the like quantity, and sweating none. The urine was highly charged with sugar, the specific gravity being one hundred and thirty-five. His medical treatment was simply advising what was obviously required, the chief medicine used being iron, in the form of tinct. ferri chloridi, and potassio-tartrate of iron. I gave him Dr. Camplin's work for his guide and governor. Immediate amendment took place, accompanied with a gain in flesh and bodily vigor, and at this time his weight is one hundred and ninety pounds. He is now feeling perfectly well, and is using about a gallon of liquids daily, the urination being in proportion, though the specific gravity was not, at the last testing, below one hundred and twenty-eight. Any variation from his diabetic diet at once increases the urine and reproduces the sweet taste to the fluids of his mouth.

In another instance, where the patient procured the work for himself, good results followed, the patient sending the most glowing account of his gain, and saying that it is the thing he has been in search of for years; that is, a guide to teach him how to live.

Dr. Camplin is himself a diabetic, and can therefore address his readers in the most emphatic manner, giving the result of years of personal experiment and observation in cases of his patients.

Pawtucket, R. I., February 26, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

FEB. 11th.—*Croup; Death from Hæmorrhage during the Operation of Tracheotomy.*—Dr. MINOT reported the case.

The patient was a girl, 12½ years old, living in a dark and damp tenement at the end of a yard in West Cedar Street. On Wednesday, Jan. 23d, she was brought to Dr. Minot, who found the uvula and tonsils much swollen. The right tonsil was covered with lymph, and there was also a patch of lymph on the centre of the uvula. The child could only speak in a coarse whisper, and had a husky cough. There was no external swelling. The mother stated that on the Thursday previous (the day of the great snow storm) the child went to school, and got wet. Since then she was supposed to be suffering from a bad cold. A very unfavorable diagnosis was given, which was justified by the event. The circumstances of the family were such that the treatment could be only very imperfectly carried out. The swelling in the fauces and the lymph both greatly diminished, but the breathing grew more and more labored, with occasional paroxysms of distress. The parents refused to allow an operation until late in the evening of Tuesday, the 29th. Dr. George Derby, who then saw the patient in consultation, concurred in the opinion that an immediate operation offered the only chance for relief. On making the incision, there was considerable venous hæmorrhage, which did not cease when the trachea was opened, and the blood was sucked into the aperture along side the canula. It was impossible to discover the source of the bleeding or to control it, and the child died from asphyxia. It seems likely that some arterial branch may have been wounded when the incision into the trachea was made.

FEB. 11th.—*Two attacks of Measles within six Weeks in the same Patient.*—Dr. MINOT reported the case.

A little boy, three years old, sickened Dec. 21st. An eruption, supposed to be that of measles, appeared on the 25th. The diagnosis was, however, at first a little doubtful, as the eruption was complicated by urticaria for two days. After this time it had a perfectly normal appearance; moreover, the child had the catarrh and other general symptoms of measles. A companion, who saw him early in the disease, was attacked with measles exactly a fortnight afterwards. A sister of the first patient, four years old, and a young lady visiting in the family, also caught the disease, at intervals of a few weeks, the symptoms and appearances in each being perfectly characteristic. On Feb. 3d, after a few days' indisposition, the eruption reappeared on the first patient, and went through its course in the usual manner, being accompanied by the catarrh and other symptoms of measles. The interval between the two attacks was six weeks. Singularly enough, of the three individuals who caught the disease from this patient, two, the young lady and the little boy (her brother), had had the disease before.

MARCH 11th.—*A Case of Cancerous Disease affecting the Spleen, the Thoracic and Mesenteric Glands, &c.*—Case reported, and specimens shown, by Dr. BORLAND.

M. N., 22 years old, gardener by trade, was born in Denmark, from whence he came three months ago. His family history was good, with this one exception: his mother, having had chronic cough for a number of years, died of cancer of the breast. He was ill in November for two weeks, with pain in the lumbar region, scanty urine, and œdema of the scrotum. Jan. 1st, the same symptoms returned, together with cough and œdematous legs, and were present at the time of his entrance into the Boston City Hospital, on the 17th day of January, when his urine was found to contain an abundant lateritious sediment and some pus.

Finding no proof positive of other disease, and the record of physical signs giving "coarse, rude respiration, with prolonged expiration throughout both lungs, but more marked front and back at left apex than elsewhere, without marked difference on percussion," I thought his trouble might be tuberculosis in an early stage, especially as his cough was urgent, and I commenced an appropriate treatment.

By Jan. 23d, diarrhœa began, which, causing much debility, required special treatment and care.

Feb. 1st.—Debility increasing; œdema decreasing; diarrhœa still somewhat persistent, with some vomiting. At this date jaundice showed itself, attended with tenderness in right hypochondrium and increased area of hepatic dulness; the dulness over the spleen in the left hypochondrium was also much increased. His treatment was now by administration of nitro-muriatic acid internally and by lotions.

From this time forward the dejections varied in number from two to six or eight per diem, of a very offensive odor, generally white, the larger portion to the eye exactly resembling pus, and occasionally containing scybala, which were also white. Under the supposition that the disease was now malignant, involving perhaps the duodenum and pancreas, so as to destroy their functional activity, the dejections were more closely watched to see if in them could be detected anything like free fat, or the so-called "stearine discharges" peculiar to disease of the pancreas. This was seen on one day only, perfectly marked, the 23d of February, when there is a record of one dejection seen of the consistency of pus, covered with flakes of white matter, closely resembling chilled fat. The jaundice also progressed steadily till the orange hue at death was exceedingly vivid.

On Feb. 10th he complained of difficulty of swallowing, which prevented the passage of anything but clear fluids, and was referred to enlarged glands at the base of the neck, just to the outside of the sterno-mastoid, as a cause.

Microscopic examination of the blood at this time showed an abnormal amount of white corpuscles in the field.

Exhausted by the progression of disease and inability to swallow, having been towards the last few days noisy and delirious, on the 6th of March he died.

Autopsy, thirty hours after death, made by Dr. C. W. Swan, Pathologist to the Boston City Hospital.

Body jaundiced. Moderate rigor.

Head not examined.

Lymphatic glands. In the neck, upper part of thorax, and along the spine in the abdominal cavity, occurred large agglutinated masses of much enlarged glands. In the thorax, they embedded and adhered to the œsophagus, but the tube itself was healthy. In the abdomen, they surrounded particularly the pancreas, and so intimately that it was difficult to separate the normal-looking, but very firm pancreatic tissue from the nodular masses which seemed almost new formations in the tissue itself. A large gland occurred at the neck of the gall-bladder, and that organ which had, if any, a very narrow orifice, contained about one ounce of perfectly colorless, rather viscid mucus. The glands were firm in texture, and on section showed sometimes an uniform white, fibrous character, often a mottled or marbled appearance. Microscopically, they consisted of fibrous material, fine amorphous, or imperfectly cellular matter, and a certain number of small, slender, fibro-plastic cells.

The surfaces of the lungs and liver were studded with minute, hard, prominent yellow grains, the size of a small pin's head.

The peritoneal sac contained about two pints of clear, brownish-amber-colored serum, of a somewhat syrupy consistence; the left pleural cavity about a pint of the same, while a little occurred in the right side, and in the pericardium.

The lungs contained a small, scattered deposit of rather firm, yellowish-white masses of irregular size and shape, which at one part so encroached upon the surface as to become visible there as a broad, whitened, raised induration. Section of this part showed a softened, puriform centre—material which under the microscope looked like empty, shrivelled pus-cells; the firmer deposit seeming to be amorphous, granular matter filling the spaces in the areolæ of the yellow, elastic fibre.

Liver quite large and firm. On section, a dark nutmeg appearance. No morbid deposits.

Spleen very large and solid, about ten inches in length by five inches in width. Its surface knobbed and uneven from the presence within its rather dark parenchyma of very numerous yellowish-white deposits of irregular size and shape, though tolerably well defined. As seen through the capsule, the roundish, whitened, prominent, somewhat reddened or vascular appearance of the superficial deposits seemed like that seen in encephaloid disease of the liver. By the microscope, numerous slender, pisiform, stellate and caudate cells, generally small and resembling those belonging to new fibrous tissue, containing nuclei, round or oval, and of rather uniform size, with sometimes one or two nucleoli. The appearance, on the whole, was that of a live growth rather than of an amorphous deposit, although there was somewhat of the latter mingled with the rest. Kidneys normal.

Supra-renal capsules rather wanting in firmness, tearing more easily than usual, and having a decided purplish-red color throughout, combined with a rather soft, flabby appearance.

Large intestine, except a portion of the ascending colon, had a thickened feel. Its inner surface was everywhere raised into large nodular masses, apparently from thickening of the submucous tissue; the mucous membrane wholly or partially gone by ulcerative loss, and presenting a dirty-greenish discoloration, as from old disease.

Stomach, small intestine and urinary bladder seemed, as far as examined, healthy.

March 11th.—*Ruptured Heart; Insufficiency of the Aortic Valves; Hypertrophy and Dilatation.*—Dr. Shattuck reported the case, which occurred under his care in the Massachusetts General Hospital.

The patient was a man 50 years of age, always in good health till four weeks before entrance on Feb. 8th, 1867. After sleeping in a cold, damp room, he woke in the morning with pain in his chest, a frequent, loose cough, with frothy expectoration streaked with blood. These symptoms continued, his nights being very bad. When first seen in Hospital, his respiration was very short, and he complained of considerable pain on taking a long breath. There was also, at times, palpitation. The first sound of the heart was loud and accentuated, and followed by a short murmur. There were no rales in the chest; decidedly diminished resonance and bronchial inspiration and expiration in right supra-spinous fossa. Resonance quite marked over the front in each side of the chest, and loud respiration under both clavicles, and even in cardiac region.

In the course of ten days there had been much improvement, and the patient had had one good night's sleep, but on Feb. 27th he had for a few days suffered greatly from paroxysms of asthmatic breathing, while sibilant and sonorous rales were heard all over the chest, but much more distinct in front. From this time the dyspnœa gradually increased till it became extreme, though at times he was able to breathe more easily; he had profuse sweats, and sometimes delirium. The record as to the sounds of the heart is as follows:—"Feb. 23d.—Diastolic murmur louder over aortic than over pulmonic valves." "Feb. 25th.—Soft, short murmur easily heard, after first sound, over carotids."

On the afternoon of March 5th he had an exceedingly severe paroxysm of dyspnœa, and, while tossing about on the bed, suddenly sprang up, threw himself back, and, after gasping for a moment, expired.

An autopsy was made by Drs. Ellis and J. Homans, Jr., and its results were as follows:—

The pleura of the right lung was universally adherent to the costal pleura and to the diaphragm. In the left pleural cavity were found twenty-eight ounces of reddish straw-colored serum. No adhesions between pleuræ in left thorax. Lining membrane of the bronchial tubes was of a deep red color.

The left lung is quite œdematous in the upper lobe, less so in the lower, but more or less crepitant everywhere. The right lung is somewhat œdematous, but is most remarkable for its firmness; this characteristic is strongly marked in the upper lobe; its cut surface, besides the firmness which it presents to the eye and touch, is "marbled" by very dark ecchymosed-looking spots.

The pericardium contained three ounces of dark fluid blood. Several white patches were seen on the external surface of the heart. Nearly over the septum between the ventricles, to the right of the coronary vein, on the anterior surface of the heart and one inch and one eighth from its apex, is seen a rent, looking like an incised wound, running in a direction parallel with the septum. This rent gapes but very slightly, and attracted attention on account of the stream of dark blood which issued from it when the heart was lifted; it is five lines long, and is found to communicate freely with the cavity of the right ventricle. The heart weighs seventeen and a half ounces, and its cavities are all dilated. The lining membrane of both auricles is somewhat stained and of a dark red color. One of the aortic valves has its free edge contracted, and another is thickened by warty-looking deposits. Mitral valve is healthy. The ascending aorta is dilated. The upper two and a half inches of the thoracic aorta is much dilated, and the artery is much thickened by atheromatous deposit.

Abdomen. The cavity of the abdomen contained five ounces of reddish straw-colored serum.

Liver very firm, and of a nutmeg appearance.

Spleen very firm.

Kidneys very firm, but healthy looking.

Stomach natural, though its lining membrane was somewhat injected. The lining membrane of the small intestines was of a reddish color, and the valvulæ conniventes extended to the termination of the ileum. Other organs healthy.

Microscopic Examination.--In the liver is much free fat in the form of oil globules; the liver cells are also somewhat filled with oil globules, but most of the fat seems to be free. Kidneys healthy.

Bibliographical Notices.

Surgical Observations, with Cases and Operations. By J. Mason Warren, M.D., Surgeon to the Massachusetts General Hospital, Fellow of the American Academy of Arts and Sciences, &c. 8vo., pp. 630. Boston: Ticknor & Fields. 1867.

The regret which we have long felt that no public use was made of the collected results of hospital practice in our own city, has been most agreeably dissipated by the superb volume which is before us.

In England, Guy's Hospital led the van, and for many years was alone in its careful and full hospital reports. Latterly, the London Hospital, with its vast statistics, its common cases by thousands and its rarer ones by hundreds, has issued two elaborate volumes, which have been followed by like collections of cases from the wards of St. Bartholomew's and St. George's Hospitals. Here, on the other hand, though having now a hospital experience of half a century, all has been silent. Occasional cases and ephemeral series have afforded the only and but brief evidence of the vitality of any spirit of professional research.

It is, then, with unfeigned pleasure that we welcome this work on clinical surgery, for so it should justly be called; and even if it had a thousand defects, we should still feel grateful to its author for the public spirit he has manifested, and the pecuniary sacrifice the preparation of so elegant and costly a volume must have entailed.

Just thirty years ago, the late Dr. John C. Warren published a valuable series of observations on Tumors, with colored plates; and in that work he expressed the opinion, that an illustrated representation of all such morbid growths would be a most important addition to medical science. The lithograph, and more especially the photograph, have since made vast advances towards realizing such a hope. Some of their best results are seen in this work, which covers, in duration, the whole period of professional life of its author, up to the present day.

This volume is also the expansion of many facts and ideas shadowed forth in Dr. Warren's oration before the Massachusetts Medical Society, at their annual meeting, in 1864. It takes up in order all the regions of the body, and follows them with notes and cases illustrating surgical affections of the bloodvessels and nerves, tumors, gunshot wounds and miscellaneous cases. An historical chapter on anæsthesia closes the volume.

In so vast a diversity of subjects we can, in the limits of a review, only glance at the more salient points and remarkable cases.

An interesting table of cases of *Epilepsy treated by Trephining the*

Skull at the Massachusetts General Hospital (p. 15) contains 10 cases; of whom 3 were cured, 2 were relieved, and 5 died.

On page 72, we have four cases of *Cystic Tumors of the Jaw*, successfully treated by an original method. Whereas the former practice had been to remove a portion of the jaw, our author's treatment consisted in "puncturing the sac within the mouth, evacuating its contents, and at the same time obliterating the cavity by crushing in its walls; and, lastly, in keeping up, by injections, &c., a sufficient degree of irritation to favor the deposition of new bone. The comparative mildness of this mode of treatment and the excellent character of the results combine to award the preference for this operation over excision, or even the large external incision adopted by Dupuytren."

Apparent Tumors of the Lower Jaw following the removal of cancer of the lip (p. 86), in three instances, although firm and apparently osseous, have been found, after removal, to be cancerous, and to embrace but not to involve the bone.

Sixteen pages are devoted to *Fissures of the Palate*, and followed by a plate delineating the instruments preferred by the writer. The operations of Graefe and Roux, in Europe, were shortly succeeded by those of Dr. John C. Warren, who, "not being aware of what had been done in Europe, himself invented new instruments for it."

In 1843, our author published an account of a case of his own, treated by an original modification of the operation, consisting in—first, dissecting up the mucous membrane covering the hard palate on either side back to the alveoli, so as to form flaps; second, in relaxing the flaps by dividing the posterior pillar of the palate, sometimes the palatine muscles, and any other resisting bands. Sir William Fergusson adopted similar measures in 1844. Dr. Warren advocates leaving the sutures in for a long time, and desisting from repeated attempts to close the entire fissure through the hard palate, which can be fitted by the dentist with a vulcanite plate.

Three curious cases of *deviation of the septum of the nose* to the right side, simulating polypus, were cured by the repeated passage of bougies (p. 62).

On page 116 we have an account of a remarkable *Polypus of the Pharynx*, of large size, removed by ligature and excision. The patient was 54 years old. The tumor was fibrous, three inches long and two in circumference. It hung down into the œsophagus, and was attached to the left side of the epiglottis, low down. Ordinarily quiescent, when thrown forward into the fauces it produced strangling and nausea. It was transfixed by a curved needle, the base tied, and the mass excised with curved scissors. The ligature came away in four days.

Two cases of *fistulous openings near the coccyx, containing hair*, are reported (p. 192). Important by their novelty, they are successfully treated by laying open the fistulæ and removing the little tuft of hair, which acts as a foreign body.

In treating of *Imperforate Anus*, our author sums up in favor of the operation in many cases, and describes his mode of procedure thus:—

"The operation which promises the best results consists in freely dissecting through the tissues which intervene between the cul-de-sac of the rectum and the external surface of the body, then drawing down and puncturing the bowel, and finally securing it by sutures to the margins of the integuments, thus forming a canal with a continuous mucous lining, instead of a long, fistulous passage."

In the chapter on *Stone in the Bladder* (p. 204), our author says that by the introduction of lithotrity and of ether, the operation for stone has undergone a very great amelioration. Having had the unusual advantage of early tuition from Heurteloup and Civiale, he pursued the practice of lithotrity for thirty years without losing a single life. Latterly he has lost two cases. He advises *lithotomy* in children; in cases of large and hard stones, and in organic changes of the bladder and prostate. In lithotomy he prefers a modification of the median operation, cutting down on the membranous urethra in the median line, and then partly cutting bi-laterally and partly dilating the prostate. The success of *lithotrity* he considers to depend on injecting the bladder moderately with water, using an instrument of moderate size, and, finally, not moving the instrument about too freely.

The author has performed a modified operation of his own for *varicocele* in sixty cases, some very large and obstinate, with success. It consists in dissecting out the large veins and tying them with a strong ligature above and below. The included mass sloughs away in from ten to fourteen days, and a good result has always followed. He has never seen a varicocele on the right side.

A remarkable case of *Hypertrophy of the Cervix Uteri*, projecting beyond the external organs, was cured by operative removal. This disease corresponded to those described by Huguier, and the caution to be observed in operating is that the bladder is dragged down on the tumor in front, and is endangered by too high division.

Two unusual cases—one of congenital absence of the vagina and uterus, and one of hermaphrodism—are also given in this chapter.

In the chapter on *Dislocations*, some original observations will be found on dislocation of the head of the humerus, conjoined with fracture of the edge of the glenoid cavity of the scapula. The view of the author is that where the humerus is displaced by a direct blow on the shoulder, the dislocation is often retained with difficulty after reduction, and that, in these cases, we may suspect fracture of the socket, and treat them, after reduction, by Fox's apparatus for fractured clavicle.

A most interesting case of the "*Appearance of a Dislocation of the Hip-joint after nearly forty years*," with a plate illustrating the formation of a new socket, is given on page 372.

Injuries of the Coccyx, obscure, and rarely resulting in perfect recovery, are treated at some length.

The advantages of *immediate amputation* are strongly urged, on the ground that ether is a powerful stimulant and modifies shock. Case 242 is such an example, being an immediate double amputation—successful for two weeks.

We may remark that we have seen several patients in a state of shock, who were operated on under ether, die on the table. Such results have determined us never to run similar risks until reaction has fairly begun, unless the patient be losing ground by uncontrollable hæmorrhage.

We have, on page 402, a successful pathological *amputation* at the *hip-joint.* The femoral was tied first, the aorta compressed, and skin flaps raised.

We find, also, a table of 539 amputations from the Records of the Massachusetts General Hospital, the average mortality of all being 25 per cent.; of the thigh, 27 per cent.; of the shoulder, 36 per cent.; of the hip, 50 per cent.

Among the more unusual cases reported in this work is that numbered 261, being a "*Ligature of both Carotid Arteries for a remarkable Erectile Tumor of the Mouth, Face and Neck.*" In this the face was discolored for a space of seven inches in diameter, while the lower lip was much enlarged and everted. By compression, the blood could be entirely expelled from the lip, and in the same manner from the tongue, which latter was covered with fungoid granulations and enlarged to twice its normal size. The plate accompanying gives a vivid idea of this enormous erectile mass.

The case was considered a very critical one, and subject to two dangers—first, degeneration and ulceration of the lip; second, alarming hæmorrhage, which must prove rapidly fatal.

To relieve the malformation and these prospective dangers, the bold course was decided on of tying, at an interval, *both* carotid arteries. On Oct. 5th, the *left* carotid was tied. In ten days the tumor was paler and smaller. He remained in perfect health.

November 7th, the *right* carotid was tied. No inconvenience but faintness followed. He was kept quiet and in a horizontal position. In ten days he was able to go down stairs. The face was pale, but remained thickened. Final operations were performed by lacerating the erectile tissue, and by excising a portion of the lip. On Dec. 12th he went home, well. Another plate of his appearance at this time follows.

Three years later, there was no pulsation in the temporal or labial arteries. The functions of the brain were undisturbed.

On page 425, accompanied by a lithograph, is the history of a most remarkable recovery from large *Subclavian Aneurism, treated by compression and other means.* The circumference of the tumor was seven and a half inches. No operation was admissible. Compression by weights was moderately applied for six weeks. The patient finally went to the hospital at Rainsford Island, when the tumor suppurated, and, strange to say, he recovered.

Under the head of *Tumors*, we have a table of the results of 154 removals of cancer with the knife. These are drawn both from the private and the hospital practice of the author, and furnish a most valuable *résumé* of immediate and ultimate results. He does not hesitate to advocate the removal of cancer by the knife as being sometimes, though rarely, followed by entire exemption from the disease.

Our space limits us from following out farther this rich repertory of clinical cases. The illustrations are of remarkable excellence, and are lithographed by Bufford. Particularly would we instance that one representing tumors of the os frontis containing air, and the frontispiece.

Few who take up this volume but would be tempted to believe that its sheets had been sent to England to be printed; such is not the fact: and as a specimen of native talent and execution, it reflects great credit upon its publishers. It is incomparably the most elegant medical book ever issued from an American press.

Would that its rich record of cases, and the painstaking use of the large range of surgical experience which its author has enjoyed, might stimulate many others among us to go and do likewise.

Practical Dissections. By Richard M. Hodges, M.D. Second Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.

This manual is so well known that our duty is completed in announcing the second edition, and quoting the author's note prefixed to it, as follows:—

"In revising the following pages no alterations have been made, other than those which experience in their use has suggested. It has been the author's endeavor to make the descriptions as clear and concise as possible, rather than to add to their details; and to render the volume, in all respects, more deserving of the favor it has received. The few pages on Anatomical Landmarks were suggested by, and to a small extent taken from, an article by Mr. Luther Holden, contained in the second volume of the 'Reports of St. Bartholomew's Hospital.'"

"*Why Not? A Book for every Woman.*" *The Prize Essay to which the American Medical Association awarded the Gold Medal for* 1865. By Horatio Robinson Storer, M.D., of Boston, Surgeon to the Franciscan Hospital for Women, Professor of Obstetrics and the Diseases of Women in the Berkshire Medical College, &c. &c. Second Edition. Boston: Lee & Shepard. 1867.

Without endorsing everything within the covers of this book, we repeat the commendation of it proffered by this Journal last year, when the first edition appeared. An additional Preface is prefixed to the present edition.

Obstetrics: The Science and the Art. By Charles D. Meigs, M.D., &c. &c. Fifth Edition, revised. Philadelphia: Henry C. Lea. 1867.

Previous editions of this standard work having been noticed in the Journal, we limit ourselves now to the quotation of the concluding paragraph of the Preface:—

"As this is probably the last occasion I shall have to endeavor to make the book better for instruction than ever it was before, so have I felt constrained to carefully revise every one of its paragraphs, that I might leave it in a condition more worthy to be offered to my brethren, whose obedient and respectful servant I am and hope to be until the end of my life."

On the Action of Medicines in the System. By Frederick William Headland, M.D., B.A., F.L.S., &c. &c. Philadelphia: Lindsay & Blakiston. 1867.

We have received a copy of the "Fifth American from the Fourth London Edition, Revised and Enlarged." This valuable book has already been noticed in this Journal, and the present edition needs only the above mention.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 9, 1867.

CONSUMPTION IN MASSACHUSETTS.

Dr. George Derby, the successor of Dr. A. A. Gould as Editor of the Registration Report of Massachusetts, has distributed, in advance of the publication of that document for the present year, a very important extract from its statistics. Struck by the extreme variation in the number of deaths from consumption in the different towns of the State, he conceived the idea of bringing all of them, under their County arrangement, into a table which shows the population in the year 1860, the deaths from all causes during ten years ending with 1865, the deaths from consumption during the same period, the percentage of deaths by this disease to deaths from all causes in ten years, the average number of persons living each year to one death by consumption, and the rank of each town in the order of mortality. Extra sheets containing this table have been distributed very widely to professional men, and the statistics are probably already in the hands of many of our readers.

We think Dr. Derby has done a most excellent thing in thus presenting to the community the very remarkable facts which his tables display. He has taken the first step, we firmly believe, in the direction which will lead the medical profession into much greater light than we now have with regard to the great destroyer of human life in New England. No one can look over these statistics without being astonished at the results which they offer. They show that consumption is very unequally distributed over the State, and, so far as appears, without any known law for this distribution. Adjoining towns in the same county, and others only a few miles distant from each other, with a population engaged in similar pursuits, are seen to occupy the most opposite extremes in the order of mortality. In order to exhibit this difference in the most striking manner, Dr. Derby has prepared a table of two columns, each containing twenty-five towns, the first of towns having the least mortality, the second of those having the greatest mortality from consumption. In the towns of the first list, "containing 67,289 inhabitants, there were in ten years, 1,389 deaths from consumption. In the second, of towns containing 100,741 inhabitants, there were in ten years 4,812 deaths from consumption. In the first list one death occurred annually to 487 persons living. In the second list, one death annually to 209 persons living."

Considering, as we do, that Dr. Bowditch has demonstrated that soil moisture has a great deal to do with the development of phthisis in New England, it would yet appear, from Dr. Derby's statistics, that there are other very powerful causes at work. Professional inquiry must be greatly stimulated, then, to discover, if possible, what these are. A simple statement of such or such a percentage of deaths from consumption in a given town is not enough. Have these deaths occurred from hereditary tendency? Do the facts connected with them furnish any evidence of the direct communicability of the disease? What is the apparent influence of sex or age? Has occupation or habit had anything to do with it? Have special meteorological influences appeared to have any power as causes? All of these questions and many others are deserving of the most careful study by our professional brethren in their own immediate neighborhood, in this relation.

The general subject is one well worthy of the attention of the Massachusetts Medical Society; and it would do well, in our estimation, to refer it to a committee at the next annual meeting. We cannot doubt that much valuable information would result from such an investigation. From Dr. Derby's action an important practical result would seem to follow already, viz., that physicians can point out to their patients with phthisical tendencies those towns in our Commonwealth where they will be least likely to fall victims to the impending disease, or where those already affected may have the best chance of prolonging life. To a large part of our population this will be a valuable piece of information; for it is within the experience of every physician that he has been compelled to see many a sufferer, of limited pecuniary resources, wasting away for the want of means to defray the expense of a journey to a warmer latitude, where life might have been much prolonged, if not saved. If there are towns within our own borders approximating the immunity of some of the southern resorts for consumptives, the fact will be an inestimable blessing to many in every community. Dr. Bowditch has done something already in this direction; followed out in the line suggested by Dr. Derby, the inquiry promises to lead to the most valuable results.

The Ether Monument.--The *Medical and Surgical Reporter* publishes an account of the ether monument about to be erected in the Public Garden in Boston, and says:—"The probability is, we fear, that the above monument will perpetuate a lie, by attributing to Morton a discovery which, by all the principles of right and justice, belongs to Wells of Hartford."

On the principle that no one should be judged to be guilty before he is proved to be, the *Reporter* might, to say the least, have been a little less opprobrious in the use of terms in the above paragraph, especially in speaking of a subject which to the writer was one of mere conjecture. The fact happens to be, that no man's name is to be associated directly with the monument in question, which is intended to be merely commemorative of the great discovery of anæsthesia by inhalation as a means of diminishing human suffering—a sort of votive offering, if you please, to the Supreme Source of all good.

Effects of Alcohol on the Human System.—The *Medical and Surgical Reporter* publishes an abstract of the recent testimony of physicians and chemists before the Committee of the Massachusetts Legislature on the license question, and adds, that it "seems to have been collected by some one in the interest of the rumsellers. We doubt very much whether a fair expression of the opinions of these gentlemen is given"(!)

Local Anæsthesia in Veterinary Surgery.—Professor Tuson recently stated that he had seen the process of local anæsthesia employed with complete success in the operation of firing. He has seen as many as forty lines cut in the leg of a horse with the actual cautery, without any indication of pain. He believed that in veterinary surgery local anæsthesia was not only a means of preventing pain, but an economy to the operator.

Criminal Abortion.—The following act was passed at the January session, 1867, of the General Assembly of Rhode Island. It remains to be seen whether juries will be firm and pure enough to convict under such stringent statutes. We very much fear the case will be like that of trials for breach of the prohibitory liquor law in other States.

"An Act in addition to and in amendment of chapter 216 of the revised statutes 'of offences against chastity, morality, and decency.'

"*It is enacted by the General Assembly as follows:*

"Sec. 1. Every person who shall be convicted of wilfully administering to any pregnant woman, or to any woman supposed by such person to be pregnant, or of advising or prescribing for such woman, or causing to be taken by her anything whatever, or shall employ any means whatever, with intent thereby to procure the miscarriage of such woman, or of aiding or assisting therein, or by counselling and procuring the same, unless the same is necessary to preserve her life, shall, if the woman die in consequence thereof, be imprisoned not exceeding twenty years nor less than five years; and if she do not die in consequence thereof, shall be imprisoned not exceeding seven years nor less than one year: *Provided*, that the woman whose miscarriage shall have been caused or attempted, shall not be liable to the penalties prescribed by this section.

"Sec. 2. Any person who shall be indicted for the murder of any infant child, or of any pregnant woman, or of any woman supposed by such person to be or to have been pregnant, may also be charged in the same indictment with any or all of the offences mentioned in the preceding section, and if upon the trial the jury shall acquit such person on the charge of murder, and find him guilty of the other offences, or either of them, judgment and sentence may be awarded against him accordingly.

"Sec. 3. Whoever knowingly advertises, prints, publishes, distributes, or circulates, or knowingly causes to be advertised, printed, published, distributed, or circulated, any pamphlet, printed paper, book, newspaper notice, advertisement, or reference, containing words or language giving any notice, hint, or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop, or office, where anything whatever, or any instrument or means whatever, or any advice, direction, information, or knowledge may be obtained for the purpose of causing or procuring the miscarriage of any pregnant woman, shall be imprisoned not exceeding three years.

"Sec. 4. All acts and parts of act inconsistent herewith are hereby repealed: *provided, however*, that nothing in this act contained shall in anywise affect any complaint or indictment now pending, or that may hereafter be made or found for any offence committed before the passage of this act, against the provisions, or any of them, of an act in addition to chapter 212, title XXX., of the revised statutes, 'of offences against the person' passed at the January session, 1861.

"Sec. 5. This act shall take effect on and after its passage.

"A true copy: attest, John R. Bartlett, Secretary of State."

Pubic Version in Utero—the Woman placed on her Knees and Chest.—In an article, published in the *Medical Record*, August 15, 1866, I remarked that pubic version, in my opinion, could be performed much easier were the woman placed on her knees and chest than by the usual method. I do not refer now to the operation by external manipulation, but only to one where the hand is required to be introduced into the uterine cavity.

Since the publication of that article I have attended three cases of confinement, wherein pubic version was required, and could not be performed by external manipulation in consequence of the bodies of the children being impacted, and have done the operation according to the above plan with eminent success.

Case I.—Was a Mrs. N., 28 years of age, in her fourth confinement. When I reached her bedside, I ascertained that she had been in labor several hours, and that her pains had been very strong. I examined her, and found the umbilical cord presenting, prolapsed about twelve inches, cold and feebly pulsating; also the body of the child lying transversely, considerably impacted. I placed the woman in the position above described; administered chloroform; returned the cord by Dr. T. G. Thomas's method, and without withdrawing my hand, or changing the woman's position, seized the foot, and turned and delivered the child in a few moments' time, successfully, alive and uninjured.

Case II.—A Mrs. D., aged 35, in her eighth confinement. This case was similar to that of Mrs. N., excepting the funis was not prolapsed; the side of the child presenting. I arranged her in the same position, and operated in the same manner, without administering chloroform, with like success. Anæsthesia was not resorted to, in consequence of her preference to suffer.

Case III.—A Mrs. B., in her fifth confinement, aged 30. In this case the shoulder was presenting, and so impacted that it was difficult to distinguish it from a breech presentation. On being satisfied that it was not breech, I placed her in the position required by the method, administered chloroform, and performed the operation with the same success as in other cases. Mother and child doing well as the above.

The position of the women in these three instances, I am thoroughly convinced, rendered operations very easy which otherwise would have been very difficult.

The advantages gained over the usual method by thus operating are obvious to any practical obstetrician.

The first is, the relaxation of vaginal sphincter and walls; the second, the gravitation of uterine contents, relieving impaction; the third, the retaining of the amniotic fluid during the operation; the fourth, the hand and arm may be introduced into the uterine cavity more nearly in a line of the axis of the superior strait, the cervix and perinæum being yielding.—Alex. Hadden, M.D., in *Medical Record.*

Nitrous Oxide as an Anæsthetic.—Great attention has lately been attracted by a new anæsthetic agent, which is, however, by no means a new substance, so far as our chemical and physiological knowledge is concerned. I allude to the protoxide of nitrogen, which, according to some authorities, is less dangerous and better adapted to produce insensibility than any other preparation hitherto employed. The contrary opinion has been expressed by several distinguished physiologists. In a letter addressed to M. Chevreul, Professor Hermann states, as the result of his personal experiments, that the inhalation of the protoxide of nitrogen produces a state of dyspnœa, which, although seen by the assistants, remains unperceived by the patient himself on account of the anæsthesia which accompanies it. On the whole, the sensation is not unpleasant, but the inhalation of unmixed protoxide of nitrogen is excessively dangerous, and rapidly produces asphyxia. When mixed with oxygen the danger is avoided, but the anæsthetic effects are considerably diminished. Such are the views of the Professor, who certainly deserves that degree of credit which can never be refused to those who have tried similar experiments upon themselves.

Another physiologist, Dr. Krishaber, of Paris, entirely coincides in opinion with the Professor. He states that the protoxide of nitrogen, when pure, invariably produces death within a very short period of time, and that it cannot be safely employed in operations which last more than four minutes. Its mode of action is capricious, and certain patients appear to sink unexpectedly under a species of intoxication without exhibiting those symptoms of asphyxia which, in most cases, precede death. In short, this new anæsthetic is a most dangerous one, in Dr. Krishaber's opinion, on account of its irregularity, and it cannot be rationally expected to supersede chloroform.—*London Med. Times & Gazette.*

The Cholera in Liverpool.—Dr. Trench has just made public an elaborate report on the health of Liverpool during the year 1866. Its details as to the cholera epidemic are of the highest interest. As will be recollected, cholera first appeared in the port of Liverpool on board certain emigrant ships which had been obliged by the disease to turn back; but it did not then extend to the city. The explosion of the epidemic is curiously connected with the debauchery of an Irish wake on a person who had probably died of cholera; and from this centre the disease seems to have spread by direct contagion, which the state of the courts in the neighborhood was but too well suited to increase. In this outbreak nothing can be clearer, from Dr. Trench's report, than the influence of direct contagion from the dejecta of the diseased. This is seen in the prevalence of cholera in those neighborhoods where sanitary arrangements were most deficient and privies were common to several dwellings. The influence of water is remarkable by its absence, but this only shows that the spread of cholera may be brought about by more than one agency. Dr. Trench insists on the necessity of direct contact with the sick or their excreta for the propagation of the disease, and points out that even where the character of the poison has become altered by fermentation, there, except individuals live in almost constant and direct contact with the effluvia, they usually escape its effects. Mere visitors invariably escaped. As Dr. Trench very properly remarks, because one theory of cholera causation by impure water has been brought forward and successfully illustrated, that is no reason for concluding impure water to be the only means of spreading the disease, and overlooking every other. The practical corollary from the whole bearing of Dr. Trench's valuable report is the importance of overlooking no source of infection, and of guarding against all as far as is possible.—*London Medical Times and Gazette.*

Cholera Prize of Twenty Thousand Dollars.—One hundred and ten works were sent this year to the Imperial Academy of Sciences of France for competition. The report is highly interesting, and gives a good idea as to the manner in which cholera has been studied. The full prize was not awarded; but various amounts have been granted to Messrs. Legros and Goujon for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejections; to M. Baudrimont for his atmospheric researches bearing upon cholera; to M. Worms for his essay on prophylactic measures; and to Dr. Lindsay, of Edinburgh, for his experiments on the transmission of cholera by the clothes.—*Medical News and Library.*

Trichinosis.—A committee appointed by the Medical Society of Vienna, and composed of Professors Klob, Muller and Wedl, has just published a long report on trichinosis, in which the startling fact is asserted that the real source of infection lies entirely in the rat, in which the malady is spontaneously developed, and which communicates it to the pig. In Moravia, eighteen out of forty-nine rats examined were trichinized, a proportion of nearly thirty-seven per cent. In Lower Austria the proportion was not more than four per cent., and in the environs of Vienna about ten per cent. The report confirms the fact that trichinosis may be transmitted by food, from the rat to the rabbit, from the rabbit to the fox and hedgehog, from the rat to the pig, and from the pig to the rat. Even the calf may be infected by being fed with the flesh of the trichinized rabbit. What is worse still, the larvæ of flies feeding on infected meat will transmit trichinosis to rabbits, provided the larvæ come fresh from the infected substance; for if a certain time be allowed to pass, the trichines soon die in the digestive tube of the larvæ. It is important to notice that the report distinctly confirms the innocuousness of trichinized meat when thoroughly salted, smoked, or boiled, the latter process being by far the most efficacious. Meat roasted for three quarters of an hour is safe food; boiling requires a whole hour.

At the close of the session of the New Orleans School of Medicine on the 15th March, the degree of Doctor of Medicine was conferred on 26 candidates.

Mormon Women.—Dr. Robertz Bartholow, in a lecture on Mormonism, delivered before the Academy of Medicine in Cincinnati, thus speaks of Mormon women:—

> I was informed by merchants, long residents of Salt Lake City, who had unusual opportunities for learning the facts, that the American females amongst the Mormons are, chiefly, prostitutes from our Eastern cities. The favorite wife of Brigham Young, Jr., is a well-known courtezan from the city of St. Louis. The great body of Mormon women are rough field laborers, who have nothing refined or womanly about them. There are, of course, exceptional instances in the case of the daughters of the more wealthy saints grown up since 1846, who have been more tenderly nurtured, and have acquired at least some of the external graces. It is not possible for the women of Utah to attain a better position. All of their associations are of the lowest. Education is discouraged, ridiculed and denounced by the Prophets. The women lead a purely animal life. In the households of their lords, when not engaged in menial offices in the shops or fields, they occupy themselves with dreadful contentions.
>
> The household of a Mormon saint is not that peaceful, patriarchal institution which has been so frequently described. Between the favorite wife or wives and the offcast wives there is war to the knife. Serious difficulties have again and again occurred in the harem of Brigham, which required all the authority of the Prophet to arrest. When the household of the Prophet is dressed up and on its good behavior, for the reception of strangers across the mountains, these horrid creases are smoothed out and everything colored of the rose.

St. Joseph's Hospital, Philadelphia.—This hospital, which was established in 1849, treated 4281 patients up to the close of 1866, of whom 1773 were free patients. The expenditures of the past year were $5,890·79 in excess of the receipts. The late Mason Hutchins, of this city, has bequeathed his entire estate, valued at $100,000, to this hospital, which will have the effect of adding materially to its means of usefulness.—*Medical and Surgical Reporter.*

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 4th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	50	40	90
Ave. mortality of corresponding weeks for ten years, 1856—1866	41.4	38.6	80.0
Average corrected to increased population - - - -	00	00	87.09
Deaths of persons above 90 - - - - - - -	1	1	2

MARRIED,—In this city, 30th ult., Dr. Robert T. Edes, of Hingham, to Elizabeth T. Clarke, of this city.

DIED,—In this city, April 30th, Dr. George Bates, aged 84 years.—In Charlestown, May 4th, Dr. Augustus Whiting, aged 75 years.

DEATHS IN BOSTON for the week ending Saturday noon, May 4th, 90. Males, 50—Females, 40. Abscess, 1—accident, 1—anæmia, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 5—cholera morbus, 1—consumption, 22—convulsions, 3—croup, 1—cystitis, 1—debility, 5—diarrhœa, 1—dropsy, 2—dropsy of the brain, 2—drowned, 1—scarlet fever, 2—typhoid fever, 2—gangrene, 2—disease of the heart, 3—disease of the kidneys, 2—inflammation of the knee, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 3—premature birth, 3—puerperal disease, 3—smallpox, 5—teething, 1—unknown, 3—whooping cough, 2—rupture of the womb, 1.

Under 5 years of age, 31—between 5 and 20 years, 2—between 20 and 40 years, 23—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 56—Ireland, 22—other places, 12.

THE

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UNUNITED FRACTURE SUCCESSFULLY TREATED, WITH REMARKS ON THE OPERATION.

By HENRY J. BIGELOW, M.D., Professor of Surgery in the Medical School of Harvard University.

ABSTRACTS FROM DR. BIGELOW'S CLINICAL LECTURES ON THE SUBJECT, WITH CASES.

[Reported for the Journal by RICHARD H. DERBY.]

THE following paper gives the details of eleven consecutive cases of ununited fracture, successfully treated, with the exception of one, in which the bone was diseased. Such continued success justifies the belief that this operation will effect the desired object with more uniform certainty than any other method now in use.

Having failed, in a number of cases, to effect by rest, compression, blisters, seton, drilling, excision of bone, dovetailing, &c., a union of ununited fracture of the humerus, and having in mind the experiments of Ollier* for the production of bone from periosteum, I determined, when the opportunity presented, to avail myself of the osteoplastic function of this membrane. In trying the experiment for the first time (Feb. 14th, 1860), I was not aware that any previous attempt had been made to produce bony union of ununited fractures by preserving the periosteum for that purpose; but in the ensuing spring, at the time of the successful issue of the case alluded to, I happened to meet with a paper recently published upon this subject, a superficial perusal of which seemed to show that its author had covered the ground, at least of novelty, in the method. The pamphlet was mislaid, and I thought no more of the matter, but had not infrequent occasion to repeat the operation, with successful result, and annually referred to the subject in my lectures before the class of Harvard University. A report of this method was also published† incidentally in connection with the testimony of the writer in a suit for malpractice, and afterwards alluded to in the London *Medical Times and Gazette*,‡ in which I stated that my own operation had been anticipated abroad. Within a few weeks, however, my attention was directed, by my able house-surgeon, Mr. R. H. Derby, to the following paragraph in Holmes's System of Surgery :*—

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* Gazette Médicale, 1859, Nos. xiv. and xv.

† Boston Medical and Surgical Journal, vol. lxix. p. 218.

‡ February 6, 1864.

"Jordan ascribes the failure of resection to the removal of the periosteum. He, therefore, by means of some blunt instrument, as the handle of a scalpel, dissects this membrane from the portions of bone which he is about to remove, and leaves the two empty pouches passed one within the other, and, in some cases, connected by suture, to form new bone. The suggestion is undoubtedly theoretically sound. Its practical value, however, remains to be proved. In two of the three cases which Jordan records, it failed of success; and he admits its failure in the hands of M. Sedillot."

Upon again examining more carefully the original paper of Mr. Jordan,† I find that his method differs so essentially from my own as to explain both the failure of two out of three cases cited by him, and the almost uniform success of the cases reported in this paper. Briefly, in the method of Mr. Jordan, no means are taken to secure the perfect and permanent coaptation of the bones—a measure which underlies the success of the whole proceeding—if we except a suture of the periosteum, which is wholly inadequate to that object, and which must also give way in a short time. This omission alone is fatal to any considerable success in the operation.

2. The muscle is detached from the periosteum,‡ and the periosteum then pounded to detach it from the bone; measures both tending materially to devitalize the tissue upon which success most depends.

3. Mr. Jordan believes that suppuration hinders bony union, and therefore ingeniously modifies the whole operation for the purpose of preventing a suppuration which is in reality inevitable, and which must therefore be met and provided for, controlled and directed, and which does not prevent the desired result.

Finally, it may be added that an oblique section of the already tapered bone, as recommended by him, and especially the *rabbet*,§ is not to be advised, as it tends to denude and devitalize the protruding extremities; while an apparatus of plaster is hardly sufficient to ensure subsequent immobility, and one of gutta percha, by confining transpiration, is irritating to the skin.

ABSTRACT FROM DR. BIGELOW'S SURGICAL LECTURES AT THE MASSACHUSETTS MEDICAL COLLEGE.

The chief cause of ununited fracture is undoubtedly the severity of the local injury, although perhaps the constitution of the patient or an obliteration of the osseous artery may, in a few cases, have to do with it. It occurs in an arm which has been run over, or after accidents from machinery, which bruise and devitalize the part. The obstinacy and persistence of this lesion under treatment are well known, and have arrested the attention of surgeons, who have devised many expedients, though often unsuccessfully, for its relief. The present operation must be deemed a successful one. * * *

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* Vol. i. p. 804.

† Traitement des Pseudarthroses par l'Autoplastie Periostique. Par Joseph Jordan, F.R.C.S., Chirurgien en chef de l'hopital de Manchester. Paris, 1860.

‡ See Plate III.

§ An interlocking, called also in carpentry *rebate*.

Operation.—The extremities of the false joint are to be attacked where they approach nearest to the surface, unless vascular or nervous trunks are in the way; in the arm, in all the cases I have seen, upon the outside; a free incision being contrived in each case with especial reference to the free exit of pus. In the arm, the musculo-spiral nerve, which is often displaced and tied by the lymph, is to be carefully looked for and avoided, and were it not for the care here requisite the bone might be exposed by a single incision. The principal bony extremities being found, the interval, which is sometimes quite irregular and interlocked, is gradually divided, and the ends turned out, the dissection being materially aided by an assistant who powerfully flexes the false joint. As it yields, care is taken to prevent the muscles from being stripped from the periosteum, which they adhere to and aid in nourishing. When one extremity is fairly exposed, a crucial or other regular incision is to be made in the ragged callus which overlies the periosteum at its tip, which should be then seized by strong-toothed forceps and efforts made to tear it out of the rugous inequalities of the formerly inflamed bone. After a little delay and dissection, the flaps begin to yield; with some coaxing, the terminal adhesions are detached, and the sound bony shaft is reached, where the periosteum is only too easily stripped from the bone, requiring great care lest the shaft should be denuded higher than the intended section. The soft tissues being now protected by spatulæ, or flexible strips of copper, the end of the shaft is removed by a common saw, the length of this fragment being determined by the amount of periosteum it has been necessary to detach. A half an inch of good cylindrical periosteum, with half an inch more of ragged tissue hanging at its extremity, has usually covered from three quarters to an inch and a half of bone. Perhaps half an inch of sound shaft, with an irregular or conical extremity varying in extent, is a good rule for the excised piece in most cases. The other extremity is now to be turned out and treated in the same same way, and this terminates the dissection, leaving only the wire to be inserted. For this purpose holes are bored in each extremity with a good bone drill, larger than the wire, at a little more than half an inch from the end, and through one wall only. A pure silver or plated copper wire is inserted from without inward in one end, and inversely entered in the medulla from within outward in the other; the size of the wire ordinarily used is No. 10 of Stubbs's iron wire gauge. The ends are brought together accurately, and the wire twisted long enough to protrude at the external wound. The incision is then brought together by sutures, leaving an abundant exit for pus, and the apparatus is applied.

Apparatus.—The best apparatus for the humerus I have found, on the whole, to consist of a firm concave splint of iron and leather, made to fit the top and outside of the shoulder as low as the axilla, and thence horizontally to the neck, and secured by a strap around the opposite axilla; a similar gutter to receive the elbow and forearm flexed at a right angle; and the two united by a narrow iron strap on the back, and another on the front of the humerus, adjustable as to its length. The splint can be thus shortened when in place, so as to keep the extremities of the bone in contact, and nearly immovable, in spite of the great leverage of the arm upon the wire, while the dressings can be readily applied in the open interval; without disturbing the apparatus.

For the thigh, a pasteboard splint may be moulded to the anterior aspect of the thigh and leg, and then stiffened with dextrine, an interval for the wound being left. The whole limb is then secured to this by bandage; and surmounting the whole, a Smith's anterior splint is applied, by which the leg is suspended from a railway on a framework over the bed.

I have usually employed water-dressings at first, and poultices or oakum to absorb the discharge afterwards. The patient has remained in bed for several weeks, and in fact till some stiffening has taken place, after which fresh air has been enjoined as an invigorating and osteoplastic agent. The diet has been as generous as the appetite would bear, and the phosphates have been generally administered, upon the principle of giving egg shells to hens.

The wire has remained in place until the bone was firmly united, generally during several months, and there has been in no case evidence of any ill effects from its presence, either in producing necrosis or undue inflammation. In fact, it has, in some cases, remained quietly in place after the arm was in use, and before the patient returned for its removal. In Case II. the wire remained for two years.

To remove the wire, the loop is best divided with cutting pliers, and forcibly drawn out; hence an advantage in flexible wire. This loop is sometimes quite superficial, but in other cases is so deep as to require an incision to reach it.

It may be remarked that a partial stiffening, dependent on the inflammation of the soft parts, may take place in a few weeks, but the bone afterwards becomes gradually loose if the periosteum fails to do its duty.

The one great point to be observed in treatment is the prevention of abscess, or, in other words, the early and free evacuation of imprisoned pus, by large and dependent incisions, which here as elsewhere are incomparably less injurious to the tissues than the burrowing of pus. Again, the formation of an abscess is always attended with fever, which destroys appetite and weakens the patient. Hence especial care is needed to detect any inflammatory induration supervening after suppuration has begun, and the first decided pointing should be the sign for an opening, to be explored by the finger, and enlarged inside or outside accordingly. I need not say that it is, in general, cruel to use the knife without an anæsthetic, but here the careful exploration and the tearing of the adjoining sinuses with the finger, if adequately done, absolutely demands it, for the comfort of both surgeon and patient. After a long experience, I have never seen a patient, unless already moribund, really worse for ether, and I have often seen a weak person prostrated by the excitement and suffering of an operation, when it was withheld by the timidity or haste of the surgeon. As for freezing, it is sometimes more convenient for short and superficial incisions, and in private practice, but when its novelty is gone it will yield in other cases to general anæsthesia.

In operating upon the humerus, the musculo-spiral nerve demands especial consideration. Winding around the outside of the arm near the usual place of incision, it is sometimes difficult to avoid it, especially when displaced by the deformity, and tied into an indurated mass of lymph. I have twice accidentally divided it, in spite of more than ordinary care; once completely, and once leaving only a single fibre at one side. In one case, an operation had been undertaken one month only after a previous one, while the arm was still inflamed. It was on that account absolutely impossible to keep the wound dry, and after a protracted dissection the knife was at last used beneath the blood; the nerve was imprisoned and concealed in a deep groove in the new bone, and was divided in separating the bones. On this ground, I should not advise a second operation until the traces of active inflammation from a previous one had disappeared. In this instance the neurilemma was re-united by a small suture. In both cases, the power of the paralyzed extensors ultimately returned, completely and unequivocally. In another case, now under treatment, partial paralysis ensued after the operation, but the nerve had been no where seen, and could hardly have been divided. On the other hand, the fragments were so short that a powerful and continued effort had been required to make their ends protrude, jamming the muscles in their interval, and very likely thus injuring the nerve. The fingers are now regaining their motion. In the same case, which was one of gun-shot wound, the operation twice failed, there being still some necrosis about the bone, of which the lower fragment was enlarged to at least double its diameter. In a future case, I should consider that necrosis contraindicated the operation, if there were any good chance of getting rid of it by time or interference.

The case most favorable for operation is undoubtedly that of a healthy subject, where the bony extremities are of natural size. In a case of long standing, atrophy tapers the bones, which need in consequence longer excision. Other things being equal, it is better not to wait unnecessarily.

The only case I have encountered of ultimate failure, was one of extreme softening of the bone by interstitial absorption, a condition which was not ameliorated by invigorating measures, including the free and protracted use of the phosphates.

Case I.—Humerus.

Patient, E. J., aged 22, entered the Hospital, October 15th, 1857. Eleven months before, his right arm was caught in a "splitting machine," and drawn in between the cylinders. A compound, comminuted fracture of the radius and ulna was produced at about their middle; and a compound fracture of the humerus rather below the middle. The fracture of the humerus did not unite, that of the forearm did.

October 14th.—A seton was passed between the fractured ends.

February 24th, 1858.—No union. Seton removed. Subsequently, emplastrum cantharidis was applied over the fracture; the ends of the bone were rubbed together.

May 12th.—No union. An incision was made over the fracture; the two ends were exposed, and an inch removed from each.

November 21st.—He was discharged, not relieved.

November 15th, 1859.—He returned to the Hospital; the arm was perfectly useless, and occasionally caused pain. He was prepared for anything that should offer a reasonable prospect of success, or even amputation as a last resort.

December 17th.—He was etherized, and, with the view of producing irritation, each fractured extremity split with a pair of strong forceps, made for the purpose with chisel blades (which punctured the skin at opposite points, and slowly penetrated the bone, the ends of the forceps being placed in a vise), and a splint applied, consisting of a shoulder-cap, with a band around the opposite side, and a cap for the elbow and forearm. These two caps were made to advance towards each other by a screw, so as to crowd the ends of the bones together.

18th.—Comfortable.

January 15th, 1860.—In consequence of pain about the shoulder, the apparatus was removed, and the arm bandaged. Little or no union.

February 14th.—*Operation by Dr. Bigelow.* He was etherized, and a crucial incision made over the external surface of the arm over the fracture. The band of ligamentous tissue connecting the bones was divided, and each extremity of the humerus turned out. The periosteum was carefully detached, for an inch or more, from each end. The denuded ends were then sawed off. A hole was drilled through each end, and a stout silver wire passed through. The ends of the wire were then twisted, and the ends of the bone brought into exact apposition. The external wound was united with sutures; the ends of the wire were left protruding, and the former splint reapplied. After the operation, opiates were needed and freely given.

21st.—Wound smelling badly. A solution of chlorinated soda injected under the apparatus.

25th.—The apparatus was removed, washed and reapplied.

March 5th.—Wound closing by granulation. General condition good.

23d.—Arm apparently stiff.

29th.—To-day, the arm and shoulder becoming somewhat painful from pressure of splint and necessary want of cleanliness, everything was with great care removed; on slight examination of the arm, no motion was detected. The arm and shoulder were then carefully washed, lateral splints applied, and the hand and elbow supported in a sling.

April 4th.—The dressings were again removed. Slight mobility was detected at the point of fracture. As, however, only six weeks had elapsed since the operation, it appears to have progressed as rapidly as any compound fracture of an equally severe character could be expected to do. External wound nearly healed.

23d.—Apparatus frequently removed. Union firmer.

June 13th.—Union appearing to be very firm, and the wire causing some pain, there appeared to be no further indication for its remaining longer. He was etherized; the wire was untwisted and removed.

July 1st.—Arm was stiff and strong, with considerable motion in the elbow.

July 12th.—At request, patient was this day discharged, being able to return to his work, which is that of a leather splitter. The arm appeared to be nearly as useful as the other one.

CASE II.—RADIUS.

Patient, A. D., farmer, aged 56, entered the Hospital February 6th, 1861. Four years before, he received a fracture of both bones of the right forearm, with other injuries, by being caught in machinery. Splints were applied and kept on for nine weeks, the patient being confined to bed during this time on account of necrosis of both tibiæ, resulting from the injuries sustained. At the expiration of this time there was no union. A starch bandage was applied and allowed to remain for four months, but no union was secured at the point of fracture. During this time his health continued good. Nine months after the receipt of the injury, an incision was made over the lower border of the forearm, the ends of the fractured ulna were turned out and sawed off, and the extremities then wired together. Various other means were subsequently resorted to, but with no success.

On entrance, the fractured ends of the ulna could be felt distinctly; there appeared to be some ligamentous union in the radius. He had a very considerable use of the hand.

February 9th.—*Operation by Dr. Bigelow.* He was etherized; a tourniquet was applied over the brachial artery to keep the wound dry. An incision was then made along the upper border of the radius, about two inches in length. The ends of the bone were turned out, the periosteum was dissected up, and about half an inch of each fragment sawed off. A hole was now drilled through the upper wall into the medullary cavity of each end, and the ends of the bone firmly wired together by means of a stout silver wire passing through the holes and twisted. Two small arteries required ligature. The edges of the wound were drawn together by sutures and a compress applied. The arm was placed in an external angular splint, and bandaged firmly, to prevent motion.

12th.—The pain in the arm is quite severe and constant. Considerable swelling about the wound. The bandage is daily removed.

March 1st.—Wound nearly healed about the wire. Appetite and strength excellent.

23d.—Patient allowed to go home, to return for the removal of the wire.

February 13th, 1863.—Patient has been able to saw wood with his right arm. He came to have the wire removed, which has remained since the operation.

14th.—He was etherized. An incision half an inch in length was made over the point of fracture; the wire was divided, and easily removed, two years from the time of its insertion.

CASE III.—HUMERUS.

Patient, J. C., laborer, aged 24, entered the Hospital November 4th, 1861. Eight months before, while turning the crank of a hand-car, he became entangled in some way, and his left arm was drawn under the crank and fractured above the elbow. A physician applied splints to the arm, and for two weeks took them off and reapplied them every day. At the end of eight weeks the splints were removed, but no union found at the point of fracture. Four months ago, the fractured ends of the bone were rubbed together, but with no success.

Now, the left arm is about one inch shorter than the right, from the ends overlapping each other. The fracture extends from a point about four inches from the lower end of the humerus, on the outer side of the shaft of the bone, obliquely inwards and downwards, terminating at a point about two inches above the internal condyle. Crepitus and motion in the fracture are very distinct. There has apparently been no callus thrown out around the fracture. Motion in the elbow-joint is perfect.

November 9th.—*Operation by Dr. Bigelow.* Patient was etherized. An incision, three and a half inches in length, was made through the skin over the seat of fracture. The subjacent fibres of the triceps were then divided, as was also, accidentally, the musculo-spiral nerve, with the exception of a single fasciculus, by which the extremities hung together, and which was afterwards carefully respected. The ends of the fractured bone were then turned out; the periosteum was carefully detached from both; a piece one and a half inches long was sawed from the lower fragment, and a piece one inch long from the upper. A hole was then drilled through each end of the fractured bone, and the two surfaces kept in apposition by a silver wire, passed through the holes and the ends twisted. An inside and outside angular splint, well padded, were then applied. A single suture was introduced to keep the edges of the wound slightly in apposition. The extensors of the hand are paralyzed.

13th.—Splints were removed and reapplied. Position excellent. Slight suppuration in wound.

16th.—Splints removed, and arm dressed.

21st.—He has slight paralysis of sensation on the posterior radial aspect of forearm, and no sensation over the back of thumb and radial side of forefinger.

29th.—Appetite poor. Pulse accelerated.

December 17th.—Slight stiffening at point of fracture.

27th.—Considerable stiffness in humerus. Wound nearly closed.

January 10th, 1862.—Union moderately firm.

March 1st.—On careful examination, a slight yielding was detected at the point of fracture.

11th.—A small piece of necrosed bone came away from wound.

May 10th.—Patient was etherized. An incision was made down upon the wire, which was then extracted.

22d.—Discharged, well.

This patient wrote, April 28th, 1867, that he was a "section hand on the Northern Railroad," had not lost a day since he left the hospital, and was "well, doing the hardest kind of work." Sensation and motion in hand perfect.

CASE IV.—HUMERUS.

Patient, E. D., laborer, aged 31, entered the Hospital December 4th, 1862. A year before, his left arm was caught by a revolving shaft, and the humerus fractured. The skin was much contused, but not penetrated. A physician was called, who, after examination, pronounced the humerus comminuted through nearly its whole extent. He applied splints, bandages, &c., and on the third week reapplied them, at the same time making considerable extension to bring the fragments into position. At the end of the fourth week he announced that the union was getting firm, and a week later he removed the splints and applied strips of pasteboard. A few days after this, by a sudden movement, the fragments were displaced, although very slightly. After two weeks, they had become firmly united again, by the report of the physician. In the middle of May, he reported that all was well united, but not strong, and applied bandages, &c., with the intimation that it would be a year before the union would be strong enough to bear hard usage. Three weeks after this, the patient had the bandages removed to wash the arm, and his wife at once declared that the bones were loose. Various measures were then taken to procure union. For the past four months he has not interfered with the false joint, but has given his attention to recovering the motion of the elbow, stiffened by long disuse. Now, he has a false joint a little below the middle of the humerus.

December 6th.—*Operation by Dr. Bigelow.* Patient was etherized. An incision, four inches long, was made over the outer aspect of the false joint, and the ends of the fragments were exposed. Both ends were irregular in shape, especially that of the upper fragment. They were bound together by a tough, pearl-colored, gristly material, quite firm to the knife. The periosteum was dissected up and turned back from about an inch of the end of each fragment; the ends were then sawed off square, and a hole bored through each fragment at a point a quarter of an inch from their ends. The two fragments were then brought into apposition and held in place by a silver wire passed through these holes and twisted. The free ends of the wire were long enough to project from the wound. Sutures were then inserted, and angular splints, external and internal, were applied.

10th.—Suppuration well established. Splints removed, and wound dressed.

20th.—He has lost appetite during the last twenty-four hours. On removing splints, an erysipelatous blush was seen over the whole upper arm. ℞. Quiniæ sulphat., gr. ij., ter die. Beef-steak and wine, if he will take them.

24th.—Splints changed. Doing better.

January 2d, 1863.—Patient is quite strong and cheerful. On removing the splints to change dressings, considerable stiffness is found in arm. Suppuration is moderate; the wound is closed, except immediately about the ends of the wire.

4th.—Considerable pain at the point of fracture, and in elbow.

14th.—He walks about.

16th.—The pus has burrowed towards the elbow. Much weaker. Beef-steak, wine and eggs.

23d.—There is tenderness and redness over the internal condyle, apparently from the commencement of a large abscess.

27th.—He has been very wretched since the last record, from great pain in the abscess. The splints were unbearable and were removed yesterday. The arm is laid on a large poultice, with an external straight splint. The abscess was freely incised under ether, and the various sinuses were torn into one.

31st.—Patient was etherized, and the wire cut and withdrawn.

February 4th.—Patient is improving wonderfully. He sits up all day, and walks about freely.

18th.—Wound entirely closed.

26th.—The arm is quite stiff at the point of fracture.

March 9th.—Discharged, well.

[To be concluded.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

The annual meeting of the Norfolk District Medical Society was held at the Phœnix House, Dedham, May 8th, 1867, at 11, A.M. In the absence of the President and Vice President, Dr. C. C. Holmes, of Milton, was chosen Chairman. The records of the last meeting were read and accepted. A committee was appointed to nominate officers for the coming year.

The Treasurer, in a humorous strain, made his annual report. Accepted.

Voted, To adjourn for dinner at 1¼ o'clock.

Dr. J. Russell Little, of Jamaica Plain, having been examined and accepted by the Censors, signed the By-laws, and became a member of the Society.

Drs. Seaverns of Roxbury, C. E. Stedman of Dorchester, J. Stedman of Jamaica Plain, and E. Stone of Walpole, were appointed a committee to report a subject for discussion at the next meeting. This committee subsequently reported "The Treatment of Pneumonia" for the subject, and it was accepted by the Society.

On report of the Committee on Nominations, the following officers were chosen, by ballot, for the year 1867–8:—*President*, Dr. B. E. Cotting, Roxbury; *Vice President*, Dr. Jonathan Ware, Milton; *Secretary*, Dr. Edward Jarvis, Dorchester; *Treasurer*, Dr. Eben P. Burgess, Dedham; *Librarian*, Dr. David S. Fogg, South Dedham; *Councillors*, Drs. B. E. Cotting, J. G. S. Hitchcock, Edward Jarvis, S. Salisbury, Ira Allen, E. P. Burgess, C. C. Holmes, A. LeB. Monroe, Eben Stone, Benj. Cushing; *Censors*, Drs. G. Faulkner, W. C. B. Fifield, J. Seaverns, C. C. Tower, J. S. Greene; *Commissioner of Trials*, Dr. Ebenezer Alden; *Committee of Supervision*, Drs. J. P. Maynard, J. A. Stetson; *Orator*, Dr. Z. B. Adams.

Dr. Alden, of Randolph, read a paper on the question "Whether Alcohol is Food," showing that, in his opinion, it is not, and that, if it supports respiration, it does so at the expense of other functions.

Dr. Noyes, of Needham, read a paper on the Medical Botany of Norfolk County, being a continuation of that printed in this JOURNAL April 25th, 1867, p. 235. The object of this paper was to call attention to some of the principal plants now springing up or coming into flower, so as to enable the beginner to find and distinguish them without trouble.

Dr. Greene, of Dorchester, read a paper written by Dr. Jona. Ware, of Milton, Vice President of the Society, describing a case of obstinate eczema which occurred in his own person during the past year, he being now seventy years of age. A diarrhœa, together with asthma and rheumatism, which had afflicted him of late years, had almost entirely ceased during the progress of the eczematous affection.

Dr. Burgess, of Dedham, read a paper which was an abstract of the conclusions arrived at in a longer paper he had prepared as a review of *Ranking's Abstract* and *Braithwaite's Retrospect.*

The venerable Dr. Walter Channing, now a resident in this District, being present, was asked to give the Society something from the notebook of his long and wide experience. Dr. Channing said that, in thinking over the subjects of medical interest, he had hit upon dysmenorrhœa, which he said was looked upon as almost the despair of medicine. Dr. Warren, who most frequently employed the ammoniated tincture of guaiacum in this disorder, told him that he had known one case to recover. This was in a lady who, after undergoing an attack of double pneumonia, and being bled, salivated and blistered, was found, after convalescence, to be entirely recovered from her dysmenorrhœa. He then spoke of a pill which he had used of late years with almost universal success, consisting of quiniæ sulphat., ʒi. ; extract. belladonnæ, gr. xii. ; extract. conii, ʒss. a ʒi. M. et ft. in pil. lx. One to be taken three times a day, and no more than one. He said that gin and black pepper was a remedy frequently employed in this disorder, but that his pills had succeeded when that had failed.

Dr. Alden then presented a very remarkable elongated oval body passed from the intestines. It was very perfect in form, about 1¾ inches long by ¾ of an inch in diameter, being perfectly smooth upon its exterior, and presenting a brown mottled appearance. In the interior it showed regular layers of a chalky whiteness in the middle, but growing yellow and dark brown towards the exterior. Its consistence was like that of ordinary chalk.

A syringe was shown for opiate injections per anum. It was a common half ounce glass syringe, with a metal pipe two or three inches long, of adult size. The transparency of the glass enables the operator to know exactly whether the prescribed quantity is administered ; and the length, size, and strength of the pipe ensures its being carried sufficiently high up the bowels.

Dr. G. W. Fay, of East Weymouth, showed a photograph of a case of Lupus, following a blow on the tip of the nose twenty-three years ago. The disease has now destroyed the nose and a large portion of the face.

Adjourned for dinner at 1¼ o'clock.

After dinner, Dr. Cotting, being present, assumed the chair, and showed to the Society a large package of published papers, which had been read before the Society during the past two years.

A notice of Dr. P. Garnier's Dictionnaire Annuel was then read by a member, which commended the work in the highest terms, and with discreet criticism, to the attention of the profession.

Dr. Greene read a paper on a brochure by Dancel, entitled, "Correction of forms in the human body, and as a consequence, the promotion of perfect intellectual development through hygienic means." He said that the author, Dancel, claims with reason to have first given the hint of the proper treatment for correcting obesity, since claimed by Banting for a London Doctor.

There appearing no other business before the Society, the President said that he had come prepared to deliver a valedictory, as there was no reason why he should be called upon to continue to act as President of the Society, having already passed the allotted time. Two years ago, when he was absent in South America, the Society had done him the honor, all unsolicited, to choose him their President; that the time of his demission had, according to the usual custom, already arrived. He would, however, while thanking the Society for the honor they had done him by their re-electing him to the President's chair, read from the semi-valedictory, which he had prepared, as follows:

* * * * During the past two years cholera has largely occupied the attention of the profession. Associations have all discussed it. The periodical press has been loaded down with communications upon it. In all this our Society has had its proportionate share. As in other outbreaks, but perhaps in this more than in any other, as the disease seemed approaching, medical opinion tended to contagion or "communicability;" and multitudes of impracticable measures were proposed, and more or less advocated. But, when the disease became actually present in any locality, most of these schemes were abandoned or neglected: and, here as elsewhere, all went to work and fearlessly labored as though contagion had never been thought of.

It is hardly yet time to estimate what we have learned in these two outbreaks—something positive however, we hope, in the "visible phenomena," those changes general and minute which take place after a disease has seized upon the victim—something negative, in proving the uselessness of many former methods of treatment and general management. We would fain hope that the "period"* of its continuance in the world is near its end, but we cannot avoid suspecting a little pleasantry in putting the time when, by human agency, "cholera will become an unknown disease to future generations on this continent," into that conditional paulo-post futurity when "restrictive intercourse shall be complete," or, what is nearly the same thing, when every man shall stay at home and mind his own business.

Helminthology has lately claimed much attention. The prevalence of trichinæ in some parts of the Continent of Europe, and here and there in this country, has aroused a painful interest in the public as well as the profession. Especial study has been given to tape worms in England: and the unexpected result arrived at that a large proportion of these entozoa in that country are derived from other "butcher's meat" than pork. In one hundred and twenty specimens Cobbold found that ninety-five were from beef!

In Bahia, the investigations of our learned associate, Dr. Wucherer, have shown that a form of anemic decline, there called *cançaço*, prevalent among the negroes of that region, is due in great measure to the ravages of the ancylostomum, found by him in great numbers in the alimentary canal of the victims. At Lyons a new human entozoon.

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* Quocirca opinari mihi fas sit, morbos certos habere *periodos* pro occultis illis atque adhuc incompertis alterationibus quæ ipsius terræ accidunt visceribus, pro varia scilicet ejusdem ætate ac duratione; quodque, sicuti alii morbi jam olim extitere, qui vel jam ceciderunt penitus, vel ætate saltem pene confecti exolevere, et rarissime comparent (cujusmodi sunt lepra, atque alii fortasse nonnulli) ita qui nunc regnant morbi aliquando demum intercident, novis cedentes speciebus, de quibus nos ne minimum quidem hariolari valemus.—SYDENHAM, *Obs. Med.*, v. 4, 16.

has been discovered—a larva between two and three inches long, very adherent to the mucous membrane; to which M. Lortet has given the name of *Helophilus horridus.*

The annoyances occasioned by most parasites, and the destructive effects of some of them, have, it seems to me, been improperly called diseases. For however fatal they may be, they are still mechanical injuries, and no more entitled to such appellation than damage "from fire or caustic, fracture or a musket ball."

Throughout nature parasites seem to be a rule: their absence, the exception. They seem to have periods of prolificness, as diseases have of becoming epidemic. It is pretty evident also that individual capacity to harbor such creatures is variable, and dependent somewhat on imperfect constitutions or local power. Still their continuance appears to have been as carefully provided for as that of the principals themselves. Indeed, if the frequent duality of their habitat is considered, the natural history of the parasite is the more wonderful. The conclusion of Cobbold that "we human beings are essential to the existence of particular species," may not be very flattering to those who would have us believe that the universe and all within it were made for man alone; but science has nothing to do with such absurd doctrines. What *is*, and not *why* it is, should be the great object of scientific investigations. The ultimate purpose of parasites, disease, and even life itself, it is not for man to determine.

Throughout Great Britain during these two years past, more than ever, students have been urged by their teachers to study the natural history of diseases; though judging from reports of their cases very little opportunity is given them for so important a purpose. Still it is something to recognize that disease *has* a natural history, and augurs well for the future progress of Rational Medicine.

The change-of-type theory, so long and ardently maintained, is now nearly abandoned. The lectures of Dr. Markham, and the recent conversion of Sir Thomas Watson have given it the finishing blow. "There is" (says the Lancet, Editorial, Dec. 1866) "a steady setting in of scientific opinion in favor of the view that a great discovery has been made—that general disease remains the same in all times, and admits of a better treatment than was formerly practised." When there shall be a little further advance, and a clear perception that disease for the most part comes to its end, not by being driven out by antagonistic agencies in the system, but because it has finished its natural history (as a leaf falls when ripe, having served its purpose, and not because of the frost), then will a new dawn arise upon the midnoon of English as well as American practice.*

Medical education—and this is the last general subject we shall allude to, for we are not making a catalogue—medical education has lately been brought prominently before the profession and the community—in England, by the failure of graduates to pass the Army and Navy Boards, and other local causes; in France, by the constrained demission of nearly a fourth of the Faculty at Paris: and in this country, by the acknowledged necessity of more uniformity, and the continued multiplication of schools with power to grant degrees.

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* Without denying the *possibility*, in the distant future, of discovering *specific remedies* so called, it is enough for the present that the probability of such discovery is very shadowy. Of former reputed specifics hardly a single one remains; and very few if any diseases are believed by anybody to have their antidotes in drugs. Until quite lately, intermittent fever and syphilis have been the strongholds in the "arguments" of nosoclasts. Mr. Wilks, of Guy's Hospital, in his recent most instructive lectures, *Lancet* (reprint), April, 1867, says:—"I have already said that syphilis is a specific contagious disease [not, necessarily, venereal], and that in not a single example to which it belongs have we any knowledge of a remedy properly so called. Each runs its course." This, in fact, is the present received opinion of experts.

When some one shall do for intermittent fever and quinine (and no one can do it better than he) what Mr. Wilks has done for syphilis, mercury, and iodine, "abortive treatment"

Little advance in the matter has been made as yet on the other side of the water; and, as no definite plan has been arrived at in this country, every one is at liberty to make his own suggestions. It would appear then that the time has come for some one of the old established schools to take a new position—to exact for matriculation the requirements for admission to the Freshman Class in College (including the Latin and Greek, which are needed in this if not in other professions), with the addition of elementary chemistry and physics; to require the student to continue the whole year (as in College, Divinity and Law schools)—to apportion the studies for each year, with frequent recitations, and examinations yearly for promotion from one class to the next: reserving clinical instruction, the care and management of the sick, for the last year. The present rule "to study under the direction and to attend the practice of some respectable physician," was well enough in times past, but hardly meets the requirements of the present day. The medical school which shall take such a forward stand as this, will soon attract to it the best students of the whole country, for there are enough who really wish a thorough education; and its degree will be recognized by the public as well as the profession as one of great value—quite worthy of special designation whenever the title shall be appended to a graduate's name. It is vain to wait for combined action: let a trial be made by a single school of established character. One school, taking such a stand, with ability and determination to carry it out, would do more for medical education than all the resolutions of associations and all the conventions of professors in the country put together. Once done, the populace as well as the profession would acknowledge its wisdom, for real learning has not altogether lost its influence even with the crowd. What graduate of Harvard would not rejoice to see his Alma Mater, regardless of temporary interests, step forward and take such high ground for the cause of professional science and the general good of the community?

But in a profession like ours, which even now requires of its candidates an acquaintance with "a longer list of distinct sciences than is required for any other" * * * * "the never-ending struggle after knowledge and truth" has but begun at graduation for those who take an elevated and enlarged view of their calling. And here come in the great advantages of societies, for it is as true of our profession as of that of which it was written, that "those actively engaged in

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will be untenable, and medical attendance on the sick, then requiring more knowledge and skill, will become more useful and *curative* than routine practice.

We have heard, long ago, intelligent persons residing in malarious districts assert that, although quinine had certain immediate effects, those were ultimately better off who abstained from taking it in intermittent fever. "The sequelæ of 'quininitis' are truly deplorable."

A drug may be very useful in a disease without being a specific or a remedy; a fact which seems to be forgotten by those who "believe their doses are working a cure."

daily routine need means of continuous culture, that the impulse created by their preparatory discipline may not be too soon spent and forgotten in the task-work of life; something to suggest and freshen thought, to invite investigation, to stir up the old enthusiasm, to allure to new paths of research; something to keep the mind in communication with the prevailing currents and tendencies of opinion" in the profession itself and in the world around it. To be sure, Societies will not give any one, if he has it not by nature, the practical *νοῦς* or *ἀγχίνοια* Dr. John Brown speaks of, which enabled "the raw 'prentice lad" to stop an uterine hemorrhage with "a wooden *bicker* and a tight binder," but the Reports of such cases of "readiness or nearness of mind," such for example in our own Society as the "procédé inquisitorial," cannot but assist the needed "power and promptitude" in all who listen. It is not, however, my intention to argue the utility of societies for scientific advancement or individual progress; enough that this is universally admitted, some going so far, even, as to put under the ban those who not actively assist in the county, or district societies:[*] as our State Society does all who do not join its ranks when qualified. Happily the members of this Society have been ever ready to render its meetings interesting and useful; and never more so than during the past two years. In this short time thirty-seven papers have been read at the meetings, of which twenty-seven have been published in the Boston Medical and Surgical Journal. Some of these papers have been copied or quoted in other periodicals, here and abroad, or epitomized for more permanent record in foreign year-books. This surely is not a mean or despicable record for a District Society whose active members are mostly engaged in the wearisome routine of country practice. Besides, at each meeting there have been animated and well sustained discussions of subjects of professional interest, together with free and instructive criticisms on the papers read. In this way the Society continues to be one for mutual improvement, in which the writer of a paper, by the discussion and criticism which follows its reading, gets his full share. And let no one despise this "paper" writing. As a means of self-improvement there is hardly a better. It is not an easy thing to write an unexceptionable "paper." Let any member who thinks it is, and has not tried it, make the attempt, and he will soon discover his error. He need not try to advance any thing new, that is often a hopeless task; let him only attempt to reduce to the limits of a short and symmetrical essay *what is known* of any one of the ordinary subjects of professional consideration--the simplest disease, or the commonest drug, for example—and he will find what labor it is to bring his thoughts and learning, often too loose and scattered, into the faultless article he would exact of others. But this labor will do himself a service, will be an efficient means of instructing himself if no one else, which is hardly supposable, so that in the end, each member having taken his turn, the whole Society is advanced. Let then these practices be continued, and if any outside our circle are benefited by our efforts, or are led to surpass them, we shall have double cause to rejoice in our labors.

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[*] The Montgomery (Penn.) County Medical Society in a *resolve*, passed last year, regret that some members have kept aloof from the County Societies, "thus ranging themselves," says the resolution, "on the side of those whose unprofessional conduct, or low standard of medical attainments, or disregard of medical etiquette, prohibits from membership in such societies."—*Philadelphia Medical and Surgical Reporter*, May, 1866.

AMERICAN MEDICAL ASSOCIATION.

Convention of Teachers of the Medical Colleges of the United States.

We are indebted to Dr. D. H. Storer for copies of the *Cincinnati Commercial* containing the report of the meetings of the American Medical Association and the Convention of Medical Teachers, which we print this week as far our space will permit.

In compliance with a call of a Committee appointed by the American Medical Association, at its last annual session, held in Baltimore, May 3d, 1866, delegates from most of the medical institutions of the country met on the 3d inst., at 10 o'clock, in the faculty room of the Medical College of Ohio.

Professor Davis, of Chicago, Chairman of the Committee, called the meeting to order, and, after stating its object, proposed, with a view to facilitate the perfection of a permanent organization, the appointment of a temporary Chairman and Secretary. This proposition being accepted, Professor A. Stillé, of Philadelphia, was elected temporary Chairman, and Professor G. C. E. Weber, of Cleveland, Secretary.

Professors Davis of Chicago, Donaldson of Baltimore, and Blackman of Chicago, were appointed a Committee on Credentials. The following named gentlemen were approved as delegates from their respective colleges:—

Professors A. Hammar, of Humboldt Medical College, St. Louis, Mo.; W. N. Byford, Chicago Medical College, Chicago; A. Stillé, University of Pennsylvania, Philadelphia, Penn.; A. B. Palmer, University of Michigan, Mich.; A. B. Palmer, Berkshire Medical College, Mass.; Alden March, Albany Medical College, N. Y.; A. J. Steele, Chicago Medical College, Chicago; N. S. Davis, Chicago Medical College, Chicago; Francis Carter, Starling Medical College, Ohio; James M. Holloway, University of Louisville, Ky.; N. R. Taylor, Medical Department of Iowa University, Iowa; J. C. Hughes, Medical Department of Iowa University, Iowa; G. C. E. Weber, Charity Hospital Medical College, Cleveland, Ohio; F. Donaldson, University of Maryland, Md.; J. N. McDowell, Missouri Medical College, Mo.; C. G. Comegys, Medical College of Ohio, Ohio; George C. Hackrum, Medical College of Ohio, Ohio; E. B. Stevens, Miami Medical College, Ohio; George Mendenhall, Miami Medical College, Ohio; L. O. Gross, Jefferson Medical College, Penn.; B. L. Lawson, Cincinnati College of Medicine; —— Read, Cincinnati College of Medicine.

Professor Stillé, of Philadelphia, was chosen permanent Chairman, and Professor Weber, of Cleveland, Secretary.

Professors Holloway of Louisville, Davis of Chicago, Donaldson of Baltimore, Blackman of Cincinnati, and March of Albany, were appointed a committee to report on the order of the different subjects which were to occupy the attention of the Convention. After which the Convention adjourned to 4 o'clock, P.M.

In the afternoon session, this committee reported the following distinct propositions for the consideration of the Convention:—

"1. That every medical student applying for matriculation in a medical college, shall be required to show, either by satisfactory certificates or by a direct examination by a committee of the faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics and the natural sciences, and that the certificates presented or the results of the examinations thus required, be regularly filed as a part of the records of each medical college.

"2. That every medical student be required to study not only three full years, but also to attend three regular annual courses of medical college instruction before being admitted to an examination for the degree of Doctor of Medicine.

"3. That the *minimum* duration of a regular annual lecture term, or course of medical college instruction, shall be five calendar months.

"4. That every medical college shall embrace in its curriculum at least *thirteen* professorships, including substantially the following branches, namely: Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology, General Pathology and Public Hygiene, Surgical Anatomy and Operations of Surgery, Medical Jurisprudence, Practice of Medicine, Practice of Surgery, Obstetrics and Diseases of Women, Clinical Medicine and Clinical Surgery. That these several branches shall be divided into three groups or series, corresponding with the three years required for medical study. The first, or freshman series, shall embrace Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry and Materia Medica. To these the attention of the student shall be mainly restricted during the first year of his studies, and on them he shall be thoroughly examined by the proper members of the faculty at the close of his first course of medical college instruction, and receive a certificate indicating the degree of his progress. The second, or junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Public Hygiene, Surgical Anatomy and Operations of Surgery and Medical Jurisprudence. To these the attention of the medical student shall be directed during the second year of his studies, and on them he shall be examined at the close of his second course of medical college instruction, the same as after the first. The third, or senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and Diseases of Women, with Clinical Medicine and Clinical Surgery in hospital. These shall occupy the attention of the student during the third year of his medical studies, and at the close of the third course of his medical college attendance, he shall undergo a general examination in all the departments, as a prerequisite for the degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior and senior classes each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges.

"5. That the practice of selling individual tickets by members of medical college faculties should be abolished, and, in place of it, each student should be charged a specified sum for each annual course of medical college instruction, the sum being the same for each of the three courses before graduating; and any student or practitioner who has attended three full courses in any one college, shall be entitled to attend any subsequent course or courses in that college gratuitously. The fees paid for each annual course of college instruction should be paid to the treasurer of the college, and subsequently distributed to each member of the faculty at such time and in such proportion as the trustees and faculty of each college shall determine.

"6. That inasmuch as the maintenance of an efficient medical college requires a large expenditure of money annually, and inasmuch as there is no reasonable hope of adequate endowment from the several State governments, the exaction of a just and reasonable annual lecture fee is a necessity with which all medical colleges should comply, and that $105 should be the minimum fee for each regular annual course of instruction in any medical college in the United States."

The first proposition was taken up and discussed by Professors Davis, Gross, Comegys, McDowell, Hammar, Taylor and Palmer, and with an amendment so as to strike out the words "natural sciences," and add "sufficient knowledge of Latin and Greek to understand the technical terms of the profession," it was adopted.

The Convention then adjourned to meet at 9½ o'clock on the 4th instant.

SECOND DAY — MORNING SESSION.

The Convention was called to order at 9½ o'clock, A.M., by the Chairman, Professor Stillé. The minutes of the preceding session were read and adopted. The Chair then announced that the next business in order was the discussion of Section 2 of the Report of the Committee on the Order of Business, which reads as follows:

"That every medical student be required to study three full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of Doctor of Medicine."

Professor Gross, of Philadelphia, moved to amend so as to insert "four" after study, instead of "three."

Remarks were made by Professors Gross, Hammar, of St. Louis, Davis, of Chicago; Palmer, of Michigan; and McDowell, of St. Louis.

The Convention then suspended the rules, for the purpose of allowing Professor Davis to introduce the following resolution:

"*Resolved*, — That in all distinct propositions under the consideration of this Convention, no member shall speak more than once until all other members have spoken who wish to speak." Adopted.

Professor F. Howard, of Washington City, moved to amend by inserting "not less than three years," instead of "three full years." Lost.

Professor Gross's amendment was then adopted.

On motion of Professor Gross, the entire section, as amended, was unanimously adopted.

Professor Hammar moved to take up for consideration Section 4 prior to Section 3. Lost.

Section 3 was read, viz.: "That the minimum duration of a regular annual lecture term or course of medical college instruction shall be five calendar months."

Professor Gross moved to amend by inserting "six" in place of "five calendar months." Carried.

Section 3, as amended, was then adopted.

Section 4 being next in order, came up for discussion. Professor Gross moved to discuss the different parts of this section separately. First, that relating to the different branches recommended to be taught in the schools. Second, the number of professorships. Third, the division of studies. Adopted.

Professor Hammar moved to add to the different branches Natural Philosophy and Pathological Anatomy.

Professor Donaldson, of Baltimore, moved to act upon these propositions separately.

The vote on the addition of Natural Philosophy being taken, it was rejected.

The amendment adding Pathological Anatomy was carried.

Professor Byford, of Chicago, moved to amend by including diseases of children. Carried.

On motion, the Convention then adjourned to meet at 4 o'clock.

AFTERNOON SESSION.

The meeting having been called to order by the Chairman, the second part of Section 4 was called up for discussion.

Professor Gross moved to amend by inserting after the words "following branches," "to be taught by not less than nine Professors." Carried.

Remarks were made by Professors Gross, Palmer, Davis, Hammar, Howard and Taylor.

The third part of Section 4, referring to the division of studies, was next considered.

Professor Davis moved to amend, by making that part read as follows:

> "That these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.
>
> "The first, or Freshman series, shall embrace Descriptive Anatomy and Practical Dissections, Physiology and Histology, Inorganic Chemistry and Materia Medica, and Therapeutics.
>
> "To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.
>
> "The second, or Junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Morbid Anatomy and Public Hygiene, Surgical Anatomy and Operations of Surgery, and Medical Jurisprudence. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course in the same manner as after the first.
>
> "The third, or Senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and diseases peculiar to women and children; with Clinical Medicine and Clinical Surgery in hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination on all the branches as a prerequisite for the Degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior and Senior classes, each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges."

After a protracted debate, in which Professors Gross, Palmer, Blackman, Hammar, Davis and Taylor participated, the motion of Professor Davis prevailed.

Professor Davis then moved the adoption of the entire section as amended. Carried.

Section 5 was then taken up, and, upon motion of Professor Palmer, laid on the table.

Section 6 being in order, was read, but on motion of Professor Gross was also laid upon the table until Monday morning, 6th inst.

On motion of Professor Davis, the Convention then adjourned to meet at 10, A.M., on Monday morning.

THIRD DAY—MORNING SESSION.

The meeting was called to order by Professor Stillé at 10 o'clock, A.M.

The minutes of the previous session were read and approved.

The Committee on Credentials announced Dr. T. M. Logan, of Sacramento, California, as an authorized delegate from the Faculty of the Toland Medical College of San Francisco.

Professor Gross moved to reconsider parts of section four, relating to the branches to be taught in medical colleges.

Professor Hammar moved to suspend the rules for that purpose. Carried.

Professor Gross moved to amend part first, section four, by inserting the words "Medical Ethics" after the words "Medical Jurisprudence."

Professor Palmer moved the adoption of the amendment. Carried.

Professor Comegys moved the reconsideration of section one.

After suspension of the rules this motion was adopted.

Professor Comegys moved to amend section 1, by inserting "Elements of Natural Sciences" after the words mathematics. Carried.

Professor Hammar moved the adoption of the whole section as amended. Carried.

Section six was then considered.

On motion of Professor Donaldson it was laid on the table.

Professor Palmer then introduced the following resolution:

"*Resolved*, That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given; and such certificate only should be received by other colleges as evidence of such attendance."

The resolution was adopted.

Professor Davis moved the adoption of all the sections as amended. Carried.

Prof. Gross moved to transmit a copy of these sections as adopted by this convention, certified to by its officers, to the American Medical Association, at its next session.

Prof. Davis then introduced the following resolution:

"*Resolved*, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the trustees and faculties of all the medical colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another convention whenever deemed advisable."

The Chair appointed the following gentlemen that committee:—Prof. Davis of Chicago, Donaldson of Baltimore, Gross of Philadelphia, March of Albany, Blackman of Cincinnati.

The Chairman then introduced Dr. Vattier, President of the Cincinnati Academy of Medicine, who invited the members of the Convention to be present at the opening of the Academy in the evening.

Prof. March moved to accept the invitation. Carried.

On motion of Prof. Davis a vote of thanks was returned to the Chairman and Secretary of the Convention for the efficiency with which they have discharged their duties, and to the Faculty of the Ohio Medical College for the use of their hall.

The President returned his thanks to the members of the Convention in a neat and appropriate speech.

Prof. Stevens moved that a formal written thesis on some professional topic shall be regarded as one of the indispensable requirements for the doctorate.

Remarks were made by Profs. Comegys, Stevens and Donaldson.

Professor Davis then rose simply to suggest whether there was not some danger of entering upon the consideration of propositions involving details that might unnecessarily complicate the great leading object for which we have been laboring. Whether the time-honored and universal custom of requiring the medical students to write a thesis should be insisted on or not, would have but little bearing on the great principles involved in the revision of our system of medical education. If the standard of preliminary education which we have here adopted should be carried into effect, it would remove one of the objects for which the writing of a thesis was originally demanded. Yet, he said, it was desirable to retain the practice, if for no other purpose than to encourage every student in the habit of expressing his thoughts on paper. But the great and all important object of this convention was simply to place the system of medical education in this country upon sound educational principles, by erecting a standard of preparatory education, by increasing the period of study, by adding to the college courses, and by determining a rational order of study. This we have now done, so far as this convention is concerned, by the harmonious adoption of the five propositions already passed upon. And he earnestly suggested whether we had not better stop here, and devote the remainder of our time to the work of devising the most efficient means to secure the adoption and simultaneous practical execution of the provisions already agreed upon by all the Colleges of our country, and leave all minor matters of detail to be determined as time and circumstances should indicate in the future.

Thereupon, on motion of Professor Hammar the Convention adjourned, subject to the call of the Committee.

Eighteenth Annual Meeting of the Association.

The eighteenth annual meeting of the American Medical Association commenced on the 7th inst. at Hopkins's Music Hall, Cincinnati, and was called to order at 11 o'clock, by the President, Dr. Henry F. Askew.

After prayer by Rev. Dr. Storrs, Dr. John A. Murphy, Chairman of the Committee of Arrangements, bade the Association welcome in the following brief and appropriate speech :—

> "MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION,—It is my pleasant duty to greet you on this occasion, and to give you a cordial welcome to this city. I welcome you also on behalf of the medical profession, and the citizens at large.
>
> "Seventeen years ago this Association honored us with a meeting. Now, as then, we are happy in having the pleasure of greeting representatives from all parts of our beloved country. It is with feelings of no ordinary pleasure that I welcome this Association, American by name, national and catholic in spirit, once more to the hospitalities of our city. Its history is bright with the names and labors of the great and good in all parts of the country. It has harmonized the profession, elevated its tone, stimulated a desire for a higher standard of medical education, and above all has drawn a line, as of fire, between the scientific physician and the empiric, by adopting the code of ethics. Its power for good is hardly to be estimated. Its yearly transactions have received high commendation. No man in the profession can be indifferent to it. Much remains yet to be done to make its labors still more valuable. Without any power from State or National Government, to execute its mandates, it must in the future, as in the past, rely on the union, enthusiasm and scientific labors of its members.
>
> "Having the highest confidence in the capacity of the Association for usefulness, and trusting that its labors may be still more conducive to the advancement of the science and improvement of the art, I bid you God speed in your efforts, and again most heartily welcome you to our city and our homes as distinguished and honored guests."

He then announced that ladies are invited to all the sessions and recreations of the Association, excepting to the banquet at Melodeon

Hall, and that upon application of their gentlemen friends, ladies will be provided with the necessary accommodations by the Committee of Arrangements.

President's Address.—Dr. Askew delivered his annual address. Its tone was deprecatory, rather than laudatory, of the progress of the Association, as manifested in the circulation of the annual reports, which contained valuable knowledge and able papers on subjects interesting to the profession. The membership was three thousand; but the attendance only a tenth of that number. From a thousand to eleven hundred copies of the annual report formerly printed, the number has fallen to six hundred, and these include the copies sent gratis to medical and other journals. Renewed efforts should be made to increase the demand for the reports.

The address next discussed the restrictions of membership, and invited attention to the subject. Specialists, and their efforts to obtain notoriety by advertising, were noticed. The diploma may once have been necessary to vouch for the doctor, but now it is only regarded as a certificate that he has completed his studies, and is qualified to take charge of the life of his patients. The danger in special practice is, that in the disturbance of a part the whole must be affected, and hence the necessity that the patient should have the attention of the general, as well as the special practitioner.

The influence of the Association is to check empiricism and to disseminate the best knowledge among the profession, but not until the schools consent that pupils study and master the elementary branches can the profession attain to perfection. The thoroughness of the European schools was commended.

The subject of opium-eating was noticed next. The speaker stated that its use was almost as extensive and its effect as alarming as that of alcohol. Calls on the apothecary for it were constant. Children were sent for it to the drug store and received it in quantities incredible to those not acquainted with the traffic. The honor, interest and respectability of the profession would be benefited by action to prevent the abuse of opium.

The address touched on other subjects interesting to the Association, and a copy was requested for publication.

Special Committees.—Reports from the following Committees were called for: 1. On Quarantine, Dr. Wilson Jewell, Pennsylvania, Chairman. 2. On Ligature of Subclavian Artery, Dr. Willard Parker, New York, Chairman. 3. On Progress of Medical Science, Dr. James C. Smith, New York, Chairman. 4. On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Massachusetts, Chairman. 5. On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pennsylvania, Chairman. 6. On the Use of Plaster of Paris in Surgery, Dr. James L. Little, New York, Chairman. 7. On Prize Essays, Dr. F. Donaldson, Maryland, Chairman. 8. On Medical Education, Dr. S. D. Gross, Pennsylvania, Chairman. 9. On Medical Literature, Dr. A. C. Post, New York, Chairman. 10. On Instruction in Medical Colleges, Dr. Nathan S. Davis, Illinois, Chairman. 11. On Rank of Medical Men in the Army, Dr. D. H. Storer, Massachusetts, Chairman. 12. On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., Chairman. 13. On Insanity, Dr. Isaac Ray, Rhode Island, Chairman. 14. On American Medical Necrology, Dr. C. C. Cox, Maryland, Chairman. 15. On the Causes of Epidemics, Dr. Thomas Antisell, District of Columbia, Chairman. 16. On Compulsory Vaccination, Dr. A. N. Bell, New York, Chairman. 17. On Leakage of Gas-Pipes, Dr. J. C. Draper, New York, Chairman. 18. On Alcohol and its Relations to Man, Dr.

J. R. W. Dunbar, Maryland, Chairman. 19. On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Missouri, Chairman. 20. On Local Anæsthesia, Dr. E. Krackowitzer, New York, Chairman. 21. On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, New York, Chairman. 22. On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, New York, Chairman. 23. On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pennsylvania, Chairman. 24. On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Massachusetts, Chairman. 25. On Medical Ethics, Dr. Worthington Hooker, Connecticut, Chairman. 36. On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. M. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. —— Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. George Engelman; Alabama, Dr. R. Miller; Texas, Dr. Greensville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abraham Sager; Ohio, Dr. J. W. Russell.

Responses were made to most of the calls. The following is a summary: No. 1, dropped; No. 2, postponed; No. 3, no report — discharged; No. 4, postponed; No. 5, discharged; No. 6, referred to section on surgery; Nos. 7, 8 and 9, postponed; No. 10, set for 10 o'clock, Wednesday; No. 11, granted time; No. 12, paper read by Dr. Pinkney and referred to below; No. 13, no report, which called for some remarks by members, and a resolution by the Association to have the President order the call of the Committee by name. Drs. Lockhart, of Indiana; Jones, of Tennessee; Stokes, of Maryland, and Cabannas, of Mississippi, were called, but no response was made. No. 14, ready; but as it embraces two years, and is lengthy, was referred to section. Nos. 15 and 16, no reports. No. 17, postponed till next year. No. 18, referred to section on hygiene. No. 19, discharged by request. Nos. 20, 21 and 22, no reports. No. 23, referred to section. No. 24, asked time — granted. No. 25, laid on table for future action. No. 26, Drs. Alfred C. Garratt and R. C. Hamil responded, and their papers were referred.

Report upon the Naval Medical Staff Rank. — This report was read by Dr. Pinkney, who holds the rank of Commodore in the navy, and appreciates most fully the wrongs of the medical profession in the United States Navy. The following passage will serve to illustrate its character:

> "Our service is overgrown with usages which sprung up in the earlier and ruder ages of naval life, and still cling to it with a power and tenacity which almost defy modern enlightenment, progress and even law. It is probable that the National authorities, who organized the existing rank of medical officers, intended to confer a more substantial fact than the usages of ship-board life have permitted. Among the usages of the service, is that which limits an officer's rights and comforts to the apartments in which he messes, even though his rank actually entitles him to higher privileges and greater comforts than belong to those of an inferior rank, who make up the majority of the inmates of that apartment. The steerage is the most humble of those apartments, and is the dwelling place of the very young, or those of no responsibility. The ward-room gathers in it most of the commissioned, and some warrant officers, and was originally occupied by none of higher rank than Lieutenant. All its usages and government are still conformed to the scale of that grade.
>
> "Now, make a medical officer in name an Admiral, and leave him to be ward-room officer, and the title becomes ridiculous. It is sunk below the usages and restrictions originally designed for those of junior years and of inferior rank.
>
> "There is only one mess which is superior to these restrictions, and that is the mess or messes of the commanding officers and their associates, who may range in rank from a Lieutenant Commander to an Admiral. Sometimes there are one, sometimes two of these messes. This is very properly left to the will of the

Commander-in-chief, who may choose that he and his Captains may have one or the separate establishments. The Assistant-Surgeon enters the service with the rank of Master. That this title may not be misunderstood, it may be necessary to explain that it is the lowest rank in the ward-room, for the incumbent is, in modern times, generally a graduate of the Naval Academy, awaiting his promotion to Lieutenancy. Like the Master, the Assistant Surgeon at once becomes a member of the ward-room mess, and unless the number of partitioned-off sleeping-berths contained in the ward-room are occupied by his seniors, he may have the good fortune to occupy one of those that are dimly lighted by an air-post, six inches diameter. This space is so restricted, and the separation from the common apartment is so slight, that words in an ordinary voice in another become common property."

After further presenting the discriminations against medical men, in regard to ship-board accommodations, Commodore Pinkney said :

"The general law is that no officer shares in prize money unless his name be borne upon the books of the vessel making the captures; but the Admiral or Commander-in-chief has a percentage on all prizes made. The Fleet-Surgeon, as a member of the Commander-in-chief's staff, must be with him in the flag-ship, and, as a rule, at the post of the greatest risk, responsibility and hazard, consequently he is not likely to have his name borne upon the books of the subordinate vessels making captures, and yet no share of prize money is allowed him."

The report suggests the following as the remedy for these evils :—

"1. After they have reached the rank of Commander, or are filling the position of Fleet-Surgeon, let them be by right, as they often have been by courtesy, members of the cabin mess. If the mess of the Commander-in-chief be too exalted a social position for the members of your profession who are filling the important position of Fleet-Surgeon, then let them be members by right of the mess of the Commander of the ship and the Fleet-Captain.

"2. An equitable arrangement of prize money, most important in principle, your Committee hope to see effected. It will, however, require future legislation."

In European countries, the Doctor said, more liberal regulations prevail with regard to naval surgeons than in democratic America.

"The late Admiral Foote, so justly distinguished for his large-minded liberality, advocated the highest rank for naval medical officers. An Admiral, among the most distinguished in the service, has authorized to be officially said that he thought the Fleet-Surgeon should in our service, as in the French, be a member of the Commander-in-chief's staff and family. We regard it as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment."

Commodore Pinkney offered in conclusion a resolution that a committee of five be appointed by the Chair to present the subject to the President of the United States and to the Secretary of the Navy. Carried unanimously.

On motion, it was resolved to memorialize Congress to enact a law giving a proper share of prize money to medical naval officers.

The Secretary announced several papers, which were referred to sections, and will come up in regular order hereafter.

The report of the Committee on Publication was read.

The Association refused to abolish the payment of money for prize essays, and substitute a certificate and a hundred printed copies of the essays to the essayist.

On motion it was resolved that the delegates from the different States should meet Wednesday and agree among themselves upon their candidates on the new committee, and report the same to the Secretary.

The Association then adjourned to meet at the same place at 9 o'clock Wednesday morning.

[The subsequent proceedings of the Association will be continued in our next number.]

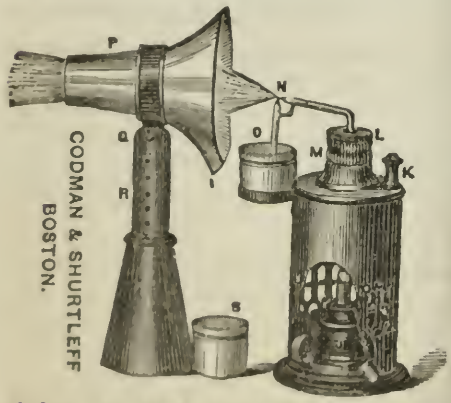
THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 16, 1867.

STEAM ATOMIZER.

In our issue of April 18, 1867, we spoke of various appliances for atomizing fluids, during which we mentioned the employment of a small portable boiler. We now offer a description of an apparatus of this kind manufactured by Messrs. Codman and Shurtleff, 13 and 15 Tremont Street, Boston. Without wishing to detract from the merits of other inventions, we are free to say that the one we are about to describe is so complete and workmanlike as to leave scarce anything to be desired.

The apparatus represented in the figure is based on the principles of Drs. Siegle and Bergson, but contains important improvements and additions. It is made in the most substantial manner, all the joints in the boiler being both screwed and soldered. It is also provided with contrivances by which its action can be readily adjusted in all necessary particulars, as may be seen by the following description:—



J, Lamp, provided with tube for graduating flame for much or little heat. K, Safety valve, graduating to high or low pressure. By unscrewing the valve tube from its position, the boiler may be supplied with water without disturbing the atomizing tubes. L, Milled button or top. Between this and a suitable projection or shelf within the neck of the boiler, is secured the packing of rubber through which the atomizing tube passes—air- and steam-tight. M, Mahogany ring to protect the hand from heat in removing the boiler and tubes for the purpose of changing the medicament. N, The atomizing tubes. O, Cup in which the medicament is placed. P, Shield for protecting the patient's face from unpleasant contact with the medicated vapors. Q, Joint allowing the shield to be moved to, and retained at, any necessary deviation from a horizontal position. R, Sliding staff for regulating the height of the shield. By means of the joint Q and the sliding staff, the shield may be adjusted for use by adults or by children. S, Cup for receiving the water of condensation which drops from the face shield P.

Obsequies of M. Jobert (de Lamballe).—On the 26th of April, a large assemblage, as we learn from the *Union Médicale*, filled the Church of the Madeleine, in Paris, where the funeral services over the remains of M. Jobert (de Lamballe)—deceased April 19th—were performed with distinguished ceremony.

Marshall Vaillant represented the household of the Emperor. The Academy of Sciences was represented by its President, M. Chevreul, and several of its members, among whom were noticed MM. J. Cloquet, Bertrand, and the Vice Admiral Jurien de la Gravière. At the head of a numerous deputation of the Academy of Medicine walked M. Tardieu, President, M. Ricord, Vice President, M. Béclard, Annual Secretary. Dr. Conneau represented the medical household of the Emperor, accompanied by MM. Arnal, de Pietra Santa, Davaine, Berrier-Fontaine. The Faculty of Medicine sent a deputation of Professors and "Agrégés," in their robes, at the head of whom was the Dean, M. Wurtz. MM. Michel Lévy, Baube, Lecanu represented the Council of Health of the Seine. The chief mourners were the three brothers of M. Jobert. The religious services were conducted by the Curé of Lamballe, who went to Paris to render the last offices to the memory of his eminent compatriot. After the ceremony in the Church, the remains were carried to the cemetery of Montmartre, whence they were to be transported to Lamballe, in accordance with the wishes of the family of the deceased. A large cortege, in which was noticed a great number of persons who had been under the professional care of M. Jobert, accompanied the remains to the cemetery.

Several discourses were pronounced at the tomb. The funeral orators were, M. Conneau, Physician-in-Chief to His Majesty, in the name of the medical household of the Emperor; M. Gosselin, in the name of the Faculty of Medicine; M. Legouest, in the name of the Academy of Medicine; M. Arnal, in the name of the friends of M. Jobert.

A WRITER in the *Union Médicale* on the origin of French medical journalism, states that the first number of the first French medical journal appeared the 28th of January, 1679. Its author was Nicolas de Blegny, and its title "Zodiacus Gallicus."

Use of the Acupuncture Needle in the Discovery of a Pistol-Ball. By Dr. GORDON BUCK.—At a meeting of the New York Pathological Society, Dr. Buck stated that he had successfully employed the acupuncture needle in detecting the ball in a case of gunshot wound in a man who had carried a pistol in his fob. The weapon was accidentally discharged, and its contents were lodged in the groin, immediately below Poupart's ligament, and two inches outside of the femoral. On introducing a probe into the wound, it followed a track over the inner condyle and a little above it, and at its bottom a firm body was encountered that was about the size and shape of the missile that was supposed to have been lodged there. This body could be slipped within a certain limit, and its movement would cause pain. Presuming that it was the ball, there was not certainty enough in the diagnosis to warrant an extraction until the acupuncture needle was used. This was passed down in the situation of the deep-seated lump through the tissues, and encountered the foreign body. By certain manipulations it was found to escape from the point of the instrument and roll aside, which fact left no doubt in the mind of the presence of the projectile at that point. It was then cut down upon with a narrow-bladed knife, and removed without difficulty. Dr. Buck remarked that his attention had been first called to the needle by seeing a published account in some of the medical periodicals of its use by a Scotch army surgeon, whose name he did not recollect. Dr. Buck also stated in this connection that he had employed the same procedure with success in discovering the existence of a calcareous body impacted in the prostate gland. The needle in this instance was curved, and was introduced into the gland upon the finger as a guide. The needle is very fine, and has a trocar point in order to facilitate its entrance into the tissues.—*Ranking's Abstract.*

On Exercise in Hysteria. By Mr. F. C. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.—On this subject, Mr. Skey remarks: "Such exercise should be active—neither strolling nor sauntering out of doors, 'to take the air,' as ladies term it, nor gardening, nor lounging about—but adopting a good brisk walk, at a pace of at least three miles an hour, *ever stopping short of fatigue.* People will often tell you they 'take plenty of exercise about the house, and they are on their legs during many hours of the day.' This is fatigue without exercise. What we want for health is exercise without fatigue, for fatigue is exhaustion, and it is to be obtained only on the terms which I have mentioned. I do believe there are many maladies, or at least many forms of indisposition, which, with a strong will, may be walked away, provided the exercise be taken systematically, and rendered a prominent feature in the daily treatment. The distance walked should be increased daily, and a claim made on increasing exertion. I doubt, whether horse exercise, however agreeable, or however stimulating both to mind and body, is equal in sanitary value to exercise on foot.—*Ibid.*

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 11th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	35	39	74
Ave. mortality of corresponding weeks for ten years, 1856—1866	36.0	37.7	73.7
Average corrected to increased population - - - - -	00	00	81.38
Deaths of persons above 90 - - - - - - - -	0	0	0

THE readers of the Journal may have noticed that an extra sheet of reading matter was contained in our issue of April 25th. The same plan is adopted this week, to make room for the valuable papers and interesting proceedings which have crowded in upon us.

JOURNALS RECEIVED.—Medical Record, Nos. 28 and 29.—New York Medical Journal for April.—Medical and Surgical Reporter, Vol. xvi., Nos. 14-18.—Medical News and Library for May.—Chicago Medical Journal for April and May.—Cincinnati Lancet and Observer for April.—Nashville Journal of Medicine and Surgery for April.—Southern Journal of the Medical Sciences for May.—New Orleans Medical and Surgical Journal for May.—Pacific Medical and Surgical Journal for March.—Canada Medical Journal for March and April.—L'Union Médicale, Nos. 37-51.—London Lancet (reprint) for April.—American Journal of Pharmacy for May.—Detroit Review of Medicine and Pharmacy for April.—Druggists' Circular for April and May.—Dental Cosmos for April and May.—American Eclectic Medical Review for April.—University Journal of Medicine and Surgery, No. 14-15.—St. Louis Medical Reporter, Vol. ii., Nos. 3-5.—Cincinnati Journal of Medicine for February, March, April and May.—Journal de Médecine de Bordeaux for April.—Atlanta Medical and Surgical Journal for April and May.—Galveston Medical Journal for March.—Buffalo Medical and Surgical Journal for April.—Journal of Materia Medica for April.—New England Medical Gazette for April.—Herald of Health for May.—Hall's Journal of Health for May.

DEATHS IN BOSTON for the week ending Saturday noon, May 11th, 74. Males, 35—Females, 39. Abscess, 1—accident, 2—amputation, 1—anæmia, 2—congestion of the brain, 1—disease of the brain, 5—consumption, 11—convulsions, 3—cyanosis, 1—debility, 2—dropsy, 1—drowned, 1—dysentery, 1—erysipelas, 2—scarlet fever, 5—typhoid fever, 2—gastritis, 1—disease of the heart, 5—intemperance, 1—disease of the liver, 1—inflammation of the lungs, 4—old age, 2—peritonitis, 1—premature birth, 3—puerperal disease, 1—purpura, 1—pyæmia, 1—smallpox, 6—unknown, 5—whooping cough, 1.

Under 5 years of age, 24—between 5 and 20 years, 5—between 20 and 40 years, 25—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 50—Ireland, 15—other places, 9.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxxvi. Thursday, May 23, 1867. No. 16.

BIGELOW'S OPERATION FOR UNUNITED FRACTURE.

[Continued from page 307.]

Case V.—Femur.

Patient, B. H., teamster, aged 27, entered the Hospital March 10th, 1863. Five hours before admission he was run over by a heavy team, the wheel passing over the middle of the left thigh. The whole of the left thigh is greatly swollen and ecchymosed, shortened about two and a half inches. The fracture is perhaps comminuted, and at the middle of the femur. Desault's apparatus was applied.

April 18th.—Comfortable since the last report. Desault's apparatus was removed to-day. Limb in excellent position. There is apparently considerable callus, but the thigh appears flexible at the point of fracture.

21st.—A starch bandage, stiffened with pasteboard, applied to the limb from the middle of the leg to the upper third of thigh.

30th.—He sits up daily.

May 4th.—Upon examination to-day, it was found that there was no union.

6th.—Desault's apparatus re-applied.

7th.—Apply over fracture emplastrum cantharidis (6 by 4).

23d.—No union. Apply extension by weight.

August 1st.—Starch bandage was applied over leg and thigh. ℞. Calcis phosphat., gr. x., 3 t. d.

15th.—The starch bandage was removed, and extension by weight applied.

September 2d.—After a careful examination, it was decided that there was no union at the point of fracture.

8th.—A starch bandage was applied, and he was allowed to sit up.

December 5th.—Patient now came under Dr. Bigelow's care. No union. He was etherized, and a seton passed between the fractured ends of bone and out through the other side of the thigh.

16th.—Profuse discharge from lower wound.

27th.—Seton removed.

February 2d, 1864.—Discharge from wound diminished. Apparently but little stiffness.

June 4th.—Patient has continued in the same condition since the last record. There is no union. He was etherized, and the ends of the fracture were drilled in several different places.

18th.—There has not been the slightest inflammation in the thigh, produced by the drilling.

July 20th.—There has been no change in the thigh since the last report. The ununited ends of bone are surrounded by a large amount of indurated tissue, which makes it very difficult to get at them. He was etherized, and the ends of the bone were again and more thoroughly drilled. At most parts the bone was quite hard and normal, but at one point it was soft, and on withdrawal the drill was followed by quite a stream of oil from the degenerated marrow. The limb was placed in a straight splint.

November 4th.—There is no stiffness at the point of fracture.

12th.—*Operation by Dr. Bigelow.* The patient was etherized. A long, semi-circular incision was made on the outside and back of the thigh, its convexity downwards, over the ends of the bone, to favor the discharge of pus. The muscles of the thigh were found to be indurated, so that the ends of the bone were turned out with great difficulty. The ends of the bone were smooth, rounded and conical. The periosteum was then turned back for about one inch on each end, and the bones, thus denuded, cut off with a chain saw. The medullary substance was slightly degenerated and fatty. A hole was then drilled through each extremity of the bone, and a wire passed through these holes and twisted, not tight, but leaving a small space between the ends, to allow of sufficient motion to prevent breaking the wire or the bone. The periosteum was then brought together and the wound closed by sutures. The limb was placed in a McIntyre's double-inclined, iron splint, bent at an angle of 135°. The operation occupied about two hours, during which time the patient was kept thoroughly etherized. Cold-water dressing.

13th.—He has considerable irritative fever to-day. Pulse 132. Tongue thickly coated. The pain is relieved by acetate of morphia, one sixth of a grain, subcutaneously.

15th.—Much brighter to-day. Pulse 100.

16th.—Suppuration has commenced.

23d.—The leg and thigh have remained until to-day on the McIntyre splint, but the suppuration has increased so much that it requires removal for daily dressing. A pasteboard splint has been moulded to the anterior and inner part of the thigh and stiffened with dextrine; to this the thigh and leg are firmly bound, leaving the wound open. Above this a Smith's anterior splint was applied, by which the whole leg is swung from a framework over the bed.

27th.—The splint works admirably. Less pain. The wound looks well, and is suppurating freely. Appetite good.

December 24th.—The bandages and splints were removed and re-applied. There seems to be considerable stiffening, and the bones are in good position.

January 13th, 1865.—No motion is observed at the point of fracture.

February 12th.—The limb is so firm that it was laid on a pillow, with only pasteboard splints applied.

April 26th.—Under ether, the wire was cut down upon and removed.

May 17th.—He is up and dressed. Appetite and general health excellent. He wears a dextrine bandage for the support it affords him.

June 1st.—He walks about on crutches. The knee is quite stiff.

July 1st.—Wounds entirely healed. The motion in the knee is returning.

12th.—The femur is perfectly firm and free from pain. He was furnished with a thick-soled shoe. Discharged, well.

November 10th.—He came to the Hospital to-day. He is able to walk without the aid of a cane. Not the least motion can be detected in the femur. The knee is flexible.

CASE VI.—HUMERUS.

Patient, T. C., soldier, aged 41, entered the Hospital April 15th, 1864. He was wounded by a Minié ball in the right humerus at the first assault on Port Hudson, summer of 1863. The bone was broken at about the junction of the middle and upper thirds, and was considerably splintered. According to patient's account, the surgeon sawed off about an inch from each end, and then approximated the ends of the bones by means of splints, but did not wire them. He was then put in an ambulance, carried fifteen miles over a rough country, then in a steamer for some distance, so that it was two days before he arrived at a hospital. The wound soon healed, but the bones did not unite, and have not since.

April 16th.—*Operation by Dr. Bigelow.* He was etherized. An incision was made over the point of fracture. The ununited ends were forcibly everted. The periosteum was carefully dissected up and reflected, and the denuded ends sawed off. A hole was then drilled through each end of the fragments. A wire was then passed through these holes and twisted. The periosteum was brought together, and the wound closed by sutures. The arm was placed in an outside angular splint.

20th.—The arm has moved from the splint, and is quite out of position, so that the ends of the bones are at a slight angle with each other. The angular splint was removed and the arm placed on a broad straight splint, with two shorter side splints to keep the fragments in place.

23d.—The wound is suppurating freely, and the arm is in good position.

May 2d.—The wound has nearly healed, except at the point where the wires emerge.

June 10th.—Patient walks about the yard, with the arm firmly supported. There is considerable firmness at the point of fracture.

24th.—The arm is stronger. Discharged.

September 17th.—He returned to the Hospital to-day with the arm so strong that he can use it for all ordinary purposes. The wire was removed, and the humerus was found to be perfectly firm.

December 16th, 1865.—The arm is perfectly firm, and for some time he has done a great deal of heavy lifting, such as wheeling coal, without favoring the injured arm in the least.

CASE VII.—HUMERUS.

Patient, E. S., female, aged 45, entered the Hospital Nov. 10th, 1864. She had an ununited fracture of the right humerus, the result of a compound fracture received a year and a half previously. Seven months after the accident there was no union at the point of fracture. A seton was passed between the ununited ends, and allowed to remain for a month. Notwithstanding this and other forms of treatment, no union followed. On entrance, there was a fracture of the humerus in its lower third; the ends of the bone were drawn widely apart by the weight of the forearm, unless held in place by an apparatus which she had worn for the previous seven months. She was a large, corpulent woman, with flabby tissues.

November 19th.—*Operation by Dr. Bigelow.* She was etherized. An incision, three inches long, was made on the outer and posterior aspect of the arm, just above the external condyle. The ends of the fragments were then turned out, the periosteum was dissected back for about an inch and a half on the lower fragment, and two inches on the upper. The denuded bone was then sawed off; on the upper fragment by a single stroke of the saw. The bone was much atrophied, softened and degenerated, the holes for the wire being easily made with an awl, and the bony tissue easily cut with a knife. A wire was then passed through the outer sides of the shaft of the bone, and twisted so as to bring the ends nearly but not quite in apposition, lest the tight wire should break the bone. The edges of the wound were brought together with sutures, and the arm placed in an inside angular splint.

P. M.—The arm is so unwieldy that it cannot be sufficiently confined in the inside splint. It was therefore laid on a flat right-angled splint.

27th.—Pulse and appetite good. Wound clean, and suppurating healthily.

December 30th.—℞. Calcis phosphat., gr. x., 3 t. d.

January 7th, 1865.—The wire has apparently torn out of the bone. No stiffening at point of fracture.

March 20th.—No union.

April 1st.—Patient was etherized. An incision was made down upon the bone, and the wire was removed. The ends of the fragments were turned out and found so degenerated that they could be easily broken with the fingers. Forearm œdematous and tender.

26th.—The arm was to-day amputated, at the patient's desire. The end of the upper fragment was removed.

May 21st.—Stump has nearly closed.

June 17th.—Discharged, well.

CASE VIII.—HUMERUS.

Patient, W. W., carpenter, aged 28, entered the Hospital January 2d, 1865. He had his left humerus fractured, twelve weeks before entrance, by the falling of an elevator in the Pacific Mills. The fracture was simple, and treated in the usual way with splints, but there never had been any attempt at bony union. On admission, there was an ununited fracture of the left humerus at a point a little below its middle. The ends of the fragments were in apposition. ℞. Syr. hypophosphit., ʒ ij., 3 t. d.

January 7th.—He was etherized. A narrow-bladed knife was pricked through the integument and muscles to the bone, at the point of fracture. A small drill was then introduced through the wound, and each end of the bone was drilled in three places. The arm was placed in an inside and outside angular splint.

26th.—On removing the splints, no union was detected.

February 25th.—*Operation by Dr. Bigelow.* Patient was etherized. A straight incision was made through the integument, on the outside of the arm, to the bone. The musculo-spiral nerve was so drawn out of place and embraced by the bone that it was accidentally divided in the blood which welled up from the tissues, still inflamed from the operation of six weeks before. The ends of the bone were dissected from the periosteum, everted and sawed off. A piece, half an inch long, was taken from the upper fragment, and three quarters of an inch from the lower. A hole was then drilled through each end, and a silver-plated, copper wire passed through and twisted. A suture was passed through the neurilemma of each end of the divided nerve and the extremities brought together. Several arteries were tied; the wound was closed by sutures, and the arm placed in an inside angular splint, to which it was first firmly bandaged, and then placed upon a flat angular splint, reaching from shoulder to hand.

26th.—He complains of great numbness over the dorsal surface of thumb and index finger, and has general paralysis of the extensors of the wrist and fingers.

March 3d.—Wound suppurating healthily.

8th.—Hand considerably swollen, and elbow looking angry and red. The wound is everywhere open. The suture applied to neurilemma came away to-day. ℞. Pil. ferri iodidi., gr. v., 3 t. d.

16th.—Wound closing.

31st.—Considerable stiffness at point of fracture.

May 6th.—Humerus quite stiff.

25th.—But little discharge from sinus about wires. Appetite and general health excellent.

June 24th.—Under ether, the wire was untwisted and withdrawn. The humerus is perfectly stiff. Sensibility has returned to the thumb and index finger, but motion in all the extensors of the hand and wrist is absent.

March 17th, 1866.—He reported at the Hospital to-day. He has worked at his trade since last August, without inconvenience. Motion in the extensors of hand and wrist has returned perfectly. The humerus is perfectly firm and free from pain.

Remarks.—The union of the musculo-spiral nerve, which was completely divided and brought together by suture of the neurilemma, with restored function, is a point of great interest.

Case IX.—Humerus.

Patient, T. G., laborer, aged 26, entered the Hospital June 12th, 1865. A year before entrance he was thrown from a hand-car, one wheel of which passed over the middle of the right humerus, inflicting a compound fracture. The arm was placed in an inside angular splint, and kept in position for six weeks. The external wounds healed readily. At the end of this time, the arm was again broken at the original point of fracture and never again united.

June 21st.—*Operation by Dr. Bigelow.* An incision, three inches long, was made on the outer aspect of the arm, over the seat of fracture. The musculo-spiral nerve was then sought, carefully dissected in its sheath from the bone, and turned aside. The periosteum was stripped back from the end of each fragment. A piece, half an inch long, from the lower, and three quarters of an inch from the upper bone, was sawed off. The ends were then drilled on the outer side, and a silver wire passed through; the ends of the bone were placed in apposition, and the wire twisted by four half turns. The arm was placed in the same apparatus as that used in the previous case. The edges of the wound were brought together by sutures.

23d.—Apparatus re-applied. The bones are in good position. Some œdema of the arm.

27th.—Suppuration is established. ℞. Calcis phosphat., gr. x., three times a day.

July 3d.—The arm is much swollen about the wound, and covered with an erysipelatous blush. He complains of some headache and nausea. ℞. Quiniæ sulphat., gr. ij., three times a day.

10th.—The swelling and redness have disappeared. No union at point of fracture.

28th.—An outside angular splint was applied, the arm supported by a leather sling, and he was allowed to sit up.

August 7th.—Apparatus removed and re-applied. There is slight stiffening at point of fracture.

22.—Only slight motion can be detected in the humerus.

September 11th.—The arm is stiff, but he complains of pain at the seat of fracture when it is examined.

November 4th.—All discharge and soreness having disappeared, and the humerus being perfectly stiff, a pair of curved scissors were thrust down, the wire cut close to the bone, and easily withdrawn.

December 15th.—The humerus is firm. Discharged, well.

CASE X.—HUMERUS.

Patient, W. M. W., carpenter, aged 33, entered the Hospital January 26th, 1866. He was wounded with a minié ball at the battle of Gettysburg, and suffered a compound comminuted fracture of the right humerus. July 5th, the bone was resected and about three inches removed. The wound healed in five months after exfoliation of the sawn extremities of the humerus. No attempt was made to keep the bones in apposition, and no union was obtained. He resumed duty and served out his full time with his regiment. The wound has never re-opened or caused him any trouble. Now several inches of the middle of the right humerus are gone, and the two extremities can be felt, pointed and considerably absorbed. The whole arm is quite small from disuse. The motion in the shoulder and elbow is perfect, but the arm hangs useless from the loss of substance in the shaft of the humerus.

January 27th.—Operation. Being temporarily disabled, Dr. Bigelow requested Dr. Hodges to perform the operation. Patient was etherized. A longitudinal incision was made over the ends of the fragments. The end of the lower fragment was then everted; the periosteum was carefully detached for a sufficient distance and turned back, and half an inch was sawn off from the end of the bone, which was firm and healthy. The upper fragment was treated in the same way, but the end, three quarters of an inch of which was removed, was degenerated and quite soft. These ends were then drilled; silver wire was inserted and the ends approximated, leaving a small interval to allow slight movement. The periosteum was returned to its place, a few vessels were tied and the external wound partly closed by sutures. The arm was placed in an internal angular splint. Water dressing.

30th.—The arm is in excellent position. Suppuration is beginning.

February 21st.—A large abscess above wound evacuated itself to-day.

March 11th.—He walks about every day. Apparently some stiffening at the point of fracture.

17th.—An abscess is forming on the inner aspect of arm.

20th.—The abscess was opened and discharged freely.

31st.—The humerus is quite firm. He was discharged to-day, to return once a week.

April 27th.—Scarcely any motion can be detected at the point of fracture.

May 23d.—An incision was made down upon the wire, which was cut and withdrawn. The union of the fractured ends is firm. The apparatus was removed. Patient returned to work.

CASE XI.—HUMERUS.

Patient, P. M., laborer, aged 23, entered the Hospital, January 12th, 1867. He was wounded at the battle of Cedar Mountain, 1862, by a musket ball. The left humerus was shattered at a point a little above its middle. The small pieces of bone were removed; the ends sawed off and the fragments approximated. Six months later there was no union; the ends were again sawed off and the bones wired together. At the end of two weeks the wire was removed. In October, 1864, a number of pieces of necrosed bone were removed from the seat of fracture; there was no union. In November, 1865, he entered the Hospital. The left humerus had a false joint at its middle. There was necrosed bone at the bottom of a couple of sinuses in the lower fragment. An incision was made over the fracture; the periosteum reflected and the ends of the bones sawed off. In March, 1866, there was no union. March 31st, Dr. Bigelow again operated. The periosteum was detached from both fragments for a sufficient distance; about one and a half inches was sawed off from the lower and one inch from the end of the upper fragment. The ends were drilled, silver wire inserted, and the fragments placed in apposition. The periosteum was then replaced and its edges united by sutures. April 28th, the arm had stiffened at the point of fracture. June 10th, he fell upon the arm and broke it. July 15th, he was discharged with an ununited fracture, to return when the arm looks and feels better.

January 12th, 1867.—*Operation by Dr. Bigelow.* Patient was etherized. An incision, three inches long, was made over the outer aspect of arm and carried carefully down to the point of fracture. The two ends were found to be much roughened. Great difficulty was experienced in everting the ends of the now short fragments and in detaching the periosteum. The bone was finally separated from the periosteum for a sufficient distance, and a piece, one inch long, sawed from the upper, and one, three quarters of an inch long, from the lower fragment. The lower fragment was two inches in diameter; the upper one was of normal size but with fatty degeneration of the marrow. A hole was drilled through the sides of both fragments; a silver wire was inserted; the ends were placed in apposition and the wire twisted. The periosteum was replaced and its edges united by sutures. The external wound was partly closed by sutures. A folded towel was placed in the axilla to lift out the short upper fragment, and the arm secured to the side, the forearm across the chest.

13th.—There is almost complete paralysis of the extensors of the fingers of the left hand. No nervous trunk was known to have been divided in the operation, and the paralysis is perhaps due to a compression of the nerve in very forcibly everting the shortened fragments.

21st.—The arm was placed in an apparatus, which consists of a firm cap about the shoulder, secured by a strap around the chest; this is made firm by two steel bridges to a splint that invests the forearm like a coat sleeve.

27th.—The arm remains in excellent position. The power of extension is returning to the fingers.

February 3d.—The wound is contracting by healthy granulation.

6th.—Slight stiffening at point of fracture.

16th.—℞. Calcis phosphat., gr. x., 3 t. d.

March 4th.—Allowed to walk about.

April 16th.—The humerus is quite firm at the point of fracture. He flexes the forearm and raises the humerus from the side freely.

22d.—Discharged, probably well, although sufficient time has not elapsed to determine the fact.

Remarks.—As will be readily inferred, this humerus was materially shortened by these consecutive operations, two before entering the Hospital, and three subsequently by Dr. Bigelow. In fact, by measurement it was *seven inches* shorter than its fellow, yet the biceps and triceps were fulfilling their functions, and the patient was regaining excellent motion. There can be no comparison in the value of an arm of this sort, however short, and an ununited humerus. In the first operation and during the existence of undefined necrosis, the bony tissue of the substance of the lower fragment was of a reddish hue, and of a dense, brittle and amorphous texture, sometimes to be observed in the denuded walls of the cavities of sequestra, when chiselled. At the end of about a year, at the next operation, when the probe no longer detected dead bone, the operator was agreeably surprised to find that this tissue had given place to a comparatively healthy one, with cancellated interior.

Conclusions.

1. This operation is a successful one.
2. Though not a trifling operation, it is not dangerous.
3. In the operative procedure the points deserving attention are, the *incisions*, which should be arranged for the free escape of pus. The *periosteum*, which is not to be detached from the muscles, and which, after incision, is best torn out from the rugous inequalities of the bony extremity, and subsequently attached by suture or not.

The excision of at least a quarter of an inch of sound cylindrical *bone*, besides the irregular and tapering end. The *wire*, which should not be twisted too tightly, lest it break out of the bone.

4. The wire may be left in place indefinitely without danger of necrosis; and usually until union has unequivocally taken place; a period of from two to six months.

5. Burrowing pus is to be evacuated, when it approaches the surface, so that the wound will ensure it free and permanent exit.

6. The patient is to be invigorated by such food as he bears, fresh air, and other stimulus if required.

7. The operation may be repeated if it fails, but only after several months' interval.

RECAPITULATION.

Case.	*Bone.*	*Causes of Injury.*	*Duration.*	*Wire remained.*	*Result.*	*Remarks.*
1	Humerus.	Arm caught in a splitting machine.	3 years.	4 mos.	Well.	*Seton; blisters; rubbing ends of bone together; excision of ends of fragments.
2	Radius.	Arm caught in machinery.	4 years.	2 years.	Well.	
3	Humerus.	Arm caught in a hand-car crank.	8 months.	6 mos.	Well.	*Rubbing ends of bone together.
4	Humerus.	Arm caught by a revolving shaft.	1 year.	2 mos.	Well.	
5	Femur.	Crushed by a heavy team.	20 mos.	5½ mos.	Well.	*Blisters; seton; drilling ends of fragments twice.
6	Humerus.	Gun-shot wound.	11 mos.	5 mos.	Well.	
7	Humerus.	Compound fracture.	18 mos.	4½ mos.	Amputation.	Softening of the bone.
8	Humerus.	Arm struck by a falling elevator.	5 mos.	4 mos.	Well.	*Drilling ends of fragments.
9	Humerus.	Crushed by wheel of hand-car.	1 year.	4½ mos.	Well.	
10	Humerus.	Gun-shot wounds.	5 years.		Well.	*Excision of ends of fragments; excision of ends and wiring fragments; two operations by Dr. Bigelow.
11	Humerus.	" " "	2½ years.	4 mos.	Well.	*Excision of ends of fragments.

* Previous operations, which had failed.

[To be continued.]

DR. J. B. S. ALLEYNE, one of the Editors of the *St. Louis Medical Medical Reporter*, has recently been elected Professor of Materia Medica and Therapeutics in the St. Louis Medical College; and Dr. F. McArdle Professor of Chemistry in the Humboldt Medical College, in the same city.

Reports of Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

(Continued from page 322.)

Banquet at Melodeon Hall.—Out of the usual routine on occasions of conventions, political, professional or otherwise, the Committee of Arrangements very happily conceived the idea of feasting the members of the American Medical Association here assembled for its eighteenth meeting, before business should press its cares upon the heart and dull the appetite for social pleasure.

Accordingly, a sumptuous banquet was spread in the highest style of Keppler's art, on the evening of the 7th inst., and the members of the Association, numbering over two hundred and fifty, with nearly as many more invited guests, partook of the luxuries, heaped upon the dazzling tables with bewildering beauty. Bouquets of natural flowers graced every dish and confection, and filled the hall with mingled perfumes which nature alone can produce from her mystic laboratories. Sparkling Catawba flowed bounteously, and a superb band discoursed "most eloquent music." Nearly all the celebrities of Cincinnati were present, and did full justice to the city in welcoming to its hospitalities, public as well as private, the distinguished gentlemen whom the highest interests of humanity call hither at this time for communion and council.

After enjoying the bountiful feast to the utmost, Mayor Wilstach was called upon for a speech, and responded in the following:—

> "GENTLEMEN OF THE MEDICAL FRATERNITY,—I take pleasure in welcoming you to the chief of Western cities, and in tendering to your collective body its hospitalities. The noble mission upon which you have convened, namely, the advancement of medical science in general, commensurate with the literary and material progress of which, as citizens, we boast, is indeed a labor to enlist the sympathies of any one who has the welfare of this city and its people at heart.
>
> "The progress in surgery and hygiene during the last few years is so important that the deliberations of a congress such as yours can scarcely fail to attract a wide-spread attention, not alone from those whose pursuits lie in the same, or other departments of science, but to a great extent among cultivated portions of those engaged in the ordinary avocations of life.
>
> "The tendency of mankind to gather into cities seems augmented each recurring year, notwithstanding the known greater healthfulness of suburban and rural populations. This and the recurrence of fatal epidemics demand the most enlightened sanitary provisions, and should, as indeed they do, render your discoveries the most welcome contributions to the sum of human knowledge.
>
> "I do not propose to occupy your attention at length, but rise to express in behalf of the city of Cincinnati, of which I am to-night the representative, the heartiest welcome in her power to bestow."

The first toast of the evening was announced by Dr. John A. Murphy: "The Legal Profession," which was responded to by Judge Bartley. The gentleman said that he felt grateful for the honor conferred by calling him to respond to the toast, and felt his incompetence to do the subject justice before a body as learned as the American Medical Association. When he spoke publicly it was in a case for a client and a fee; before this body he felt how little he knew, and nothing could induce him to do so but the very flattering call and his desire to pay his tribute of respect to the profession of medicine, which was linked to that of law. It was his experience within a few years to save the lives of two persons with the science of medicine as his aid. It would be a piece of vanity, however, in him to address the body of gentlemen before him on the present occasion, because he could tell it nothing it did not already know. He concluded with again thanking the gentlemen for the honor of the call.

Dr. Murphy announced, "The Legislature of Ohio," and called for Donn Piatt to respond, who made a humorous speech.

Dr. Murphy next announced, "The absent Southern members," and called on Dr. Pallen. That gentleman responded by saying that he recognized with exceeding pleasure the desire to extend the right hand of fraternal love to his brethren of the South. He felt that if they were present they would say that a more fitting expression could not be made than this.

Here in Cincinnati, with the sublime influence of the departed Drake radiating its light, here with every noble thought breathing around us, we of the South, few though we are, thank you for this brotherly welcome. It was the speaker's fortune a year ago to say that if a common enemy assailed our country the men of the South would to a man as cheerfully follow the stars and stripes as ever they did the "stars and bars;" that they would rally proudly under the old flag and march to the tune of "Hail Columbia." [Three cheers given.]

"We feel that this is a scientific brotherhood, that the past is better buried, and that although the South cannot offer the same princely hospitality, it bids you heartily and sincerely welcome to her homes, one and all, often and always. [Applause.] The South has her names, proud in professional honors, who are leading a host to victory, not to one purchased with blood, but to one as glorious as ever was won on the field by it. She has her Marion Sims, of Alabama, who, with Gross, and Storer, and Mendenhall and others, marches in the front ranks of our glorious profession!

"Let us forget the past, let us rejoice in the present, for I believe that is the sentiment of the entire South, and I glory in the belief of it." [Applause.]

Music, "Hail Columbia," by the band.

Dr. Murphy announced next, "The Medical Corps of the United States Navy." Responded to by Dr. Pinckney. He was happy to respond to the noble sentiment. He extolled the matchless genius of McClellan, and was proud to see before him men equal to any duty devolving upon enlightened mankind. The present occasion was particularly felicitous—it was the first to reweave the broken links in the fraternal chain. The hearty welcome was warm as the impulses of the generous hearts that gave it.

He was proud to think that the starry flag floated over every inch of American soil, and proud to think that it was no figure merely that the sun grows weary rising and setting on American domain. [Applause.] He was proud that the Constitution was preserved intact, and was only the grander because maintained in all its original power. [Applause.]

Music—"Star-spangled Banner."

Dr. Murphy next announced, "Our members from abroad: known as well in America as in Europe."

Professor Gross was called for, but did not respond. Lt. Governor

Cox, of Maryland, being called, responded in a humorous anecdote about the preachers dining on a fish till nothing was left for the Baptist minister but the "drawn butter." He was like the Baptist minister, he had only the butter left, but he felt a good deal like the Scotchman who had been drinking a few punches, he "did'na ken what he said himsel, an' ken'd no one else did."

Notwithstanding this, the gentleman delivered a very felicitous speech, full of noble sentiments in praise of the medical profession. He related the fact of his attendance at a medical convention in England, and seeing there men whose names are famed the world over, yet it only made him proud to think of the American Medical Association. He would give, in conclusion, the sentiment, "The American medical profession, may it live forever."

Dr. Murphy announced next, "The Hub of the Universe," and called for Dr. D. Humphreys Storer, of Boston, who responded. The pith of his response was that he could scarcely realize that in seventeen years this grand out-growth of intelligence and influence was manifest. It made him happier and better to meet members of the profession from all parts of the country, and he hoped these re-unions of professional brotherhood would obtain and increase. He cared little for the scientific proceedings—they were not as necessary as the cultivation of fraternal relations. He pledged himself, if God spared him, to meet the Association wherever it next assembled, whether in New Orleans or Sacramento. He was happy to see friends from the South, and would always be happy to see them. [Applause.]

The old men were passing away, the young must take their places, and he hoped when he, as one of the old ones, was gone, that the same kindly feeling would be cherished and manifested. [Applause.]

Dr. Murphy announced, "The Profession of New York," which was happily responded to by Dr. Sayre of that city. He said the profession of New York were actuated by the same noble motives as that of other cities, and it could proudly point to the names of Mott, Francis, Manly, and others who have passed away and left a glorious record. Among her living men there are noble workers ; he hoped they would leave as great a name. He was not a good speaker, he said, but was considered a pretty good talker. He would therefore be excused from further remark except to express his pleasure at finding here Southern brethren in the professon of medicine, whom he was glad to take once more by the hand. [Applause.]

Mr. T. Buchanan Read was called and made a brief and felicitous speech, and after a few volunteer toasts and responses, the delighted company of gentlemen broke up and left the festive scene at midnight.

In the printed list of delegates present, the only names from New England are those of Drs. D. Humphreys Storer, H. I. Bowditch, H. R. Storer, and M. C. Green, of Boston ; Drs. Thaddeus Phelps of Attleboro', Augustus Mason, Brighton, John Appleton, Cambridgeport, Walter Burnham, Lowell, George Atwood, Fairhaven, John R. Bronson, Attleboro', Massachusetts ; and Dr. George E. Mason, of Providence, R. I.

SECOND DAY.

The American Medical Association met at Hopkins's Hall at 9 o'clock, and resumed its business.

Minutes of the first session were read and approved.

On motion, the following gentlemen were proposed, and voted members of the Association by invitation:—Drs. J. Taylor Bradford, Augusta, Kentucky; John P. Phister, Maysville, Kentucky; W. L. Atkins, George H. Whitney, A. B. Duke, M. L. Forsyth, Paul Rankin, Kentucky; M. W. Junkiss, Galen Hart, E. P. Harrison, Ohio; D. R. Greenley, Meadsville, Pennsylvania; Fred. Wolf, Concord, Maryland; E. B. Harrison, Napoleon, Ohio; B. F. Hart, Marietta, Ohio.

Committee on Nominations.—Delegates from the several States presented the following as a Committee on Nominations for Officers:—Vermont, J. N. Stiles; Massachusetts, H. R. Storer; Rhode Island, O. Bullock; Connecticut, B. H. Catlin; New York, E. Elliott; New Jersey, Samuel S. Clark; Pennsylvania, J. L. Atlee; Delaware, F. H. Askew; Maryland, J. J. Cockrill; West Virginia, J. C. Hupp; Ohio, J. P. McIlvaine; Kentucky, D. W. Yandell; Indiana, J. S. Bobbs; Illinois, H. A. Johnson; Michigan, A. B. Palmer; Iowa, J. C. Blackburn; Missouri, B. F. Shumard; Texas, Dr. Hurd; District of Columbia, J. Elliott; United States Navy, N. Pinckney; United States Army, J. J. Underwood; Wisconsin, N. Dalton; Kansas, John Parsons; Calfornia, T. M. Logan; Tennessee, U. A. Atchison.

The Secretary read a letter from Prof. Alden March, presenting to the Association photographs of all its Presidents, a copy of which he transmitted to the proper officer for deposit in the archives. He also said he would add to the collection in future. The donation was accepted.

Report of Delegates to the Foreign Medical Association.—The report of the Committee on the above was read by Dr. C. C. Cox. Report referred to the Committee on Publication.

The Chair appointed the following delegates to the Foreign Medical Association for the present year:—B. Fordyce Barker, New York; John E. Tyler, Massachusetts; Thomas C. Brinsmade, Troy, N. Y.

Reports of Committees.—The report of Dr. Walker, who presented Dr. Ray's report on Insanity, was made the special order for Thursday, at 10 o'clock, A.M.

The Chair announced the Committee on Medical Rank in the United States Navy as follows:—N. S. Davis, Illinois; J. M. Toner, District of Columbia; S. D. Gross, Pennsylvania; J. J. Cockerill, Maryland; H. F. Askew, Delaware.

Dr. Gross read his report on Medical Education. The report is lengthy, and is an embodiment of the action of the Medical College Convention, already published.

Dr. Davis read a summary of the proceedings of the Convention of Medical Teachers, for the information of the Association. He stated that the discussions were most thoroughly conducted, and were characterized by the best of feelings. He read at length the report of the Business Committee.

The report was, on motion, referred to the Committee on Publication.

The Committee on Prize Essays reported the reception of eight essays, and the selection of two. That selected for the First Prize was "On the Cause of Intermittent and Remittent Fevers"—the motto of which was "*Fortis est veritas.*" The Second Prize was assigned to an essay "On the Treatment of certain Abnormities of the Uterus," the motto being "Empiricism in medicine and surgery is fast giving way to the rationalism of true diagnosis."

The envelopes enclosing the names of the successful competitors were then opened, and the following announcements made:—First Prize—To J. R. Black, M.D., of Newark, Ohio. Second Prize—To Montrose A. Pallen, M.D., of St. Louis, Mo.

Report referred to Committee on Publication.

Dr. Sayre, of New York, offered the following:—

"*Resolved*, That this Association most cordially approve of the whole action of the Convention of Delegates from the Medical Colleges, assembled in Cincinnati, May 3d, 1867, and urge its practical adoption by all the medical colleges in our country."

After a brief debate, in which Drs. Post, Davis and Lee participated, the motion was carried.

It may be stated here that the report of the Treasurer, read yesterday, showed the Association to be in debt $196, and that from year to year this condition is the same.

Dr. Stillé presented the report of the action of the Convention of Medical Teachers held at the Medical College, which was received.

Dr. Atkinson called up the resolution abolishing the payment of prizes in future.

Dr. Davis objected to the passage of the resolution, which virtually repudiated the payment of future prizes. As the treasury would soon again be full, he would call the attention of the Association to the fourth section of the by-laws. He considered that the transactions called for more original papers at the expense of bulk. The matter should be better, even if the volume be smaller.

Dr. Bibbins, of New York, called attention to a parliamentary point. He favored a more careful consideration of the subject.

Dr. Bronson, of Massachusetts, was opposed to prospective action.

Dr. Atkinson called attention to the fact that the Committee were last year obliged to hold themselves personally responsible for the debt. He said that the present funds of the treasury were even now insufficient to print the matter already in their possession.

Dr. Bronson thought that the fault lay with the different sections, who did not exercise the requisite discrimination.

Dr. Bibbins called the attention of the Chair to the fact that the resolution was in conflict with the by-laws.

Dr. Toner considered that assessments would meet all the necessities of the case. He offered the following:—

"*Resolved*, That all members yearly pay five dollars, and that the names of those failing to pay, at the end of three years, be designated in the catalogue by a star or cross."

Dr. Sayre moved as an amendment, that the proposed action of the Association be published in the various medical journals.

After a spirited debate, in which several delegates joined, a motion of Dr. Davis to lay the original motion on the table prevailed.

Dr. Robbins offered the following:—

"*Resolved*, That hereafter the Committee of Arrangements be directed to have the ordinances governing the Sections printed on slips and distributed at the several places where the Sections meet." Carried.

The following papers were read and disposed of:—Observations on Diseases of the Throat, as seen in the Military Service, from 1861 to 1865. By Professor M. K. Taylor, M.D. Referred to Section on Practical Medicine.

A Novel Case of Lithotomy. By Dr. E. Whinney, of Iowa. Referred to section on Surgery.

Ligature of the Subclavian Artery. By Willard Parker, M.D., of New York. Referred to Section on Surgery.

The Secretary read a communication offering amendments to the Constitution, which was laid over for one year, as provided for by the Constitution.

A paper was read by Dr. B. Howard, of New York—before the Surgical Section of the Academy—entitled "Ligation, with depletion, of Varicose Veins of the Leg, with a case."

Dr. Cox presented advance proof-sheets of "Provisional Nomenclature of Disease," which was published in London. Referred to section on Practical Medicine. Also another "On Compulsory Vaccination," by Dr. A. N. Bell, of Brooklyn, N. Y., was presented by deputy, and, on motion, referred to Committee on Hygiene.

Dr. Hammar, of Missouri, offered certain resolutions bearing upon certain irregularities in the profession, which was referred to Committee on Medical Education.

Dr. Gilbert, of New York, exhibited an instrument for the protection of the periosteum in excisions, &c. Referred to Section on Surgery.

Dr. Post read the report of the Committee on Medical Literature, in which be gave certain bibliographical items.

[To be concluded.]

Bibliographical Notices.

Modern Inquiries: Classical, Professional and Miscellaneous. By Jacob Bigelow, M.D., late President of the American Academy of Arts and Sciences, and late a Professor in Harvard University. Boston: Little, Brown & Co. 1867. 12mo. Pp. 379.

It is hardly possible to overestimate the great influence for good that Dr. Bigelow has exerted on the theory and practice of medicine for the last half century—an influence to increase in its progress through centuries to come. It is not too much to say that the essay on Self-Limited Diseases alone of itself has revolutionized the practice of medicine in this country, and is rapidly extending its conquest over the whole civilized world. Well has "an eminent Philadelphia physician recently said that he would rather be the author of this essay than the victor of Waterloo," for it evinced greater personal abilities, and will give a watch-word to the nations long after the latter shall been forgotten.

The volume now published contains enduring monuments of other signal victories in the advancement of education, literature, and science, and in correcting the unjust judgments of mankind in many matters of greatest importance to their well-being. It is one of the most valuable books ever issued from the press, and fully justifies the title recently given to its author of The American Hippocrates. *

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 23, 1867.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

The successful experiment of last year, by which the Annual Meeting of our State Medical Society was extended through two days, may be said to have opened a new era in its history. It had long been felt that a single day was entirely insufficient for anything more than the usual business of the occasion and the mutual greetings of brethren, who met to renew their old friendships and exchange friendly salutations after a year's separation. It was felt that something more was due to medical science; and it is agreed, on all hands, that the addition of another day for the special purpose of hearing communications on professional subjects was an entire success. Old as our State Society is, it was behind many of its sisters in other States in this particular, and we are only glad that it was willing to learn wisdom from its juniors. We are reminded that the time is close at hand for this interesting anniversary, and we wish thus early to call the attention of our professional brethren to it, hoping that they may thus be enabled to make their arrangements in season, so that the present meeting may be as fully attended as its promised attractiveness deserves. The meeting will be held on Tuesday and Wednesday, the 4th and 5th proximo, at the Hall of the Massachusetts Charitable Mechanics' Association, at the corner of Bedford and Chauncey Streets. The building will be open for the convenience of members at 9, A.M., of the 4th, and the papers which have been prepared for the occasion will be read at the same place at 12, after the visits to the Hospitals. The following papers will be read:—

1. On the Treatment of Fractures of the Neck of the Femur. By Dr. Henry G. Clark.
2. The Lessons of the War to the Medical Profession. By Dr. George Derby.
3. The Nature and Treatment of Acne. By Dr. James C. White.
4. On the Use of Bromide of Potash in Fever. By Dr. William Cogswell, of Bradford.

On the Anatomy and Physiology of the Ciliary Muscle in Man. By Dr. B. Joy Jeffries.

6. Pathology and Treatment of Vaginal Cystocele. By Dr. John Homans, Jr.
7. Effect of Condensation of Population on Life. By Dr. Edward Jarvis.

The afternoon will be devoted to the further reading of papers, and discussion upon them.

The usual business meeting of the Society will be held on the 5th, and the usual order of proceedings will be followed. The annual discourse will be delivered at 1 o'clock, by Dr. H. B. Wakefield, of Reading. The anniversary dinner will be served in the *Music Hall*, in Winter Street, at 2.30, P.M., and we feel sure that the arrangements made will secure as agreeable an occasion as that of last year. Dr. Henry W. Williams, of Boston, will preside as Anniversary Chairman. As an additional inducement to our more distant brethren to come to the meeting, we would state that arrangements are being made with the different railroads leading out of Boston for return tickets without additional expense.

Cephalic Version.—We find the following statistics on cephalic version, an operation rarely done in this country, in the *Cincinnati Journal of Medicine*, in an article by Dr. M. B. Wright:—

The *Gazette Médicale de Paris*, of February, makes the following synopsis from the *Wurzburger Medicinische Zeitschrift* (edited by Bamberger and Scanzoni). The article is from the pen of O. V. Franque. We translate from the *Gazette Médicale*:—

"Cephalic version is less dangerous, both for the mother and the child. In the Duchy of Nassau, during a period of seventeen years (1843 to 1859), of 247,570 births, cephalic version was performed 34 times for trunk presentations: of these 34 cases, 27 children were born alive; and in no instance did any accident occur to the mother. Podalic version was performed in 1852 cases, during the same period, and only 795 children were saved. And of the mothers, 106 died. The superiority, therefore, of cephalic version is beyond dispute; the mortality, as regards the child, by the latter method, being but twenty per cent., whereas, by podalic version, it was fifty-seven per cent. As regards the mother, the difference in its favor is still more striking. According to the author, too much restriction has been placed upon cephalic version, too many conditions prescribed (such as mobility of the child in the uterine cavity, the head being near the superior strait, the regularity of the labor, an ample pelvis, no prolapsus of the cord, or protrusion of any portion of the fœtus). O. V. Franque insists that the only contra-indications to the performance of cephalic version are: 1st, an abnormal form of the uterus, which may be ascertained; 2d, the death of the fœtus; 3d, whenever, from any cause, it may be necessary, for the safety of the child, to expedite the labor."

The above article, on cephalic version, will be highly gratifying to the advocates of that method of aiding labor and saving life. In Germany, it has long been practised.

In this connection, the senior Editor would take the opportunity to report a case of cephalic version which occurred in his own practice several years since. The patient had a short antero-posterior diameter, and, with one exception, all of her previous six labors had been difficult, requiring craniotomy, or the forceps, or delivery by the feet. In two instances premature delivery had been brought on at the seventh month. In the present instance, the presentation was of a hand and foot. The child had been carried to the full term of pregnancy, and had probably assumed its abnormal position about three weeks before delivery, when the mother was awakened at night by a sensation of "something giving way inside of her," which had left her in an uncomfortable condition from that time. The uterus was enormously distended with liquor amnii, and the unbroken membranes protruded in a firm, hard tumor, far down into the vagina, even during the interval between the pains. It was determined to try cephalic version, even if the delivery should require completion by the forceps; as the previous child had been delivered by the feet and was stillborn, while one previously delivered by forceps had been born alive and did well. The hand was accordingly passed up, between the uterus and membranes, as far as the body of the child. Preparations were made for the expected rush of waters; the membranes, which were quite strong, were ruptured by the thumb, and a sudden effort was made to reach the neck or head, which were pretty high up. The flow of waters was very great, filling a large chamber vessel, as much more escaping over the bed and floor. The great distension of the uterus made it somewhat difficult at first to reach the head, especially as the uterus did not at once follow up the discharge by active contraction. By the aid of the left hand, however, pressed upon the abdomen of the mother over the child, it was at last reached, brought down and kept in place until the womb closed upon it enough to keep it there. The gush of waters also brought down the cord; but this was easily kept back by the hand in the uterus until the head fell into its place. As was anticipated, the subsequent delivery of the child required the forceps, although the uterine pains were extremely powerful, the contraction at the brim being insuperable without them. The child was stillborn, but was living at the time the head entered the brim.

Bristol (South) District Medical Society.—The annual meeting of this Society was held in the Common Council Chamber in New Bedford, Dr. F. D. Bartlett in the chair. The following officers were elected for the ensuing year:—*President*—John H. Mackie, of New Bedford. *Vice President*—John H. Jennings, New Bedford. *Secretary, Treasurer* and *Librarian*—F. H. Hooper, New Bedford. *Councillors*—W. W. Comstock, Middleborough; George Atwood, Fairhaven; Jerome Dwelley, Fall River; F. D. Bartlett, Dartmouth; John Pierce, Edgartown; John H. Mackie, New Bedford. *Censors*—F. H. Hooper, New Bedford; P. F. Doggett, Wareham; John Spare, New Bedford; Joseph Haskell, Rochester; I. Smith, Jr., Fall River. *Commissioner on Trials*—Andrew Mackie, New Bedford. *Committee of Arrangements*—F. H. Hooper, New Bedford; J. Dwelley and E. T. Learned, Fall River. Dr. Spare was appointed orator for the next annual meeting.

After the transaction of business, Dr. Charles Sturtevant, of Rochester, the orator of the occasion, delivered a carefully prepared and able address on Veratrum Viride; its History, Medical Properties and Therapeutic Uses. The thanks of the Society were voted to Dr. Sturtevant.

Dr. C. D. Prescott, of New Bedford, was appointed essayist for the next semi-annual meeting, and it was voted to hold the meeting in Fall River.

The subjects selected for discussion—the Decay of New England, and Consumption—were laid over till the semi-annual meeting.

The remainder of the time was taken up with reports of cases; and at 2 o'clock the Society adjourned to the Parker House, where an excellent dinner had been prepared.

At a meeting of the board of Censors, Henry Johnson and Charles D. Prescott, of New Bedford, and John B. Whitaker, of Fall River, were admitted members of the Massachusetts Medical Society.

The Peabody Charity.—The trustees of the Peabody fund for the poor of London have made their annual report for the year 1866. It appears that the original fund has been increased by the earnings of interest and rent to the extent of £15,416 8s. 11d., making the sum total of the trust at the end of December, 1866, £165,416 8s. 11d. The buildings continue to be fully occupied, and the tenants are reported to be happy and prosperous. That which is of special interest in this country, however, is the statement that the whole number of adult deaths in a population of seven hundred has been only seven, and of these, three died from consumption and two from old age and general infirmity. During the unhealthy season, when cholera and other prevailing diseases infested the vicinity of the buildings, both at Spitalfields and Islington, one case of cholera in the former only occurred, and its contraction and fatal termination were mainly ascribable to imprudence and neglect on the part of the patient. The mortality among children amounted to 23, but it is said that nearly all these deaths occurred among families newly admitted, and most of which had previously resided in crowded and unhealthy localities. It is to be hoped that the great success of this experiment may encourage similar enterprises in this country.

Four blocks of buildings, affording accommodations for 195 families, have just been completed at Shadwell, and named, like those at Islington, Peabody Square. Rooms for four hundred families, or 2000 persons in all, will thus be provided. Besides this, there is a fund of £100,000, a supplementary gift, which is not to be touched till the year 1869.—*Boston Daily Advertiser.*

Virginia Opium.—The specimen of Virginia opium exhibited to the American Pharmaceutical Association contained 4 per cent. of morphia and 3·5 per cent. (approximately) of narcotina. It becomes a matter of interesting inquiry to ascertain how far the results, in the production of this opium, would be modified by a particular mode of culture, and the character of soil and season, as it is altogether probable that its morphia-yielding quality is in a great measure dependent upon a combination of these circumstances.—*Proc. Amer. Phar. Assoc.*

Expulsion of Mr. J. Baker Brown from the Obstetrical Society.—The name of Mr. J. Baker Brown, of clitoridectomy notoriety, was stricken from the list of Fellows of the Obstetrical Society of London, at a meeting of the Society on the 3d of April.—*Medical News and Library.*

The New Hampshire Medical Society will hold its seventy-seventh annual meeting at the City Hall, Manchester, on Tuesday, June 4th, at 3 o'clock, P.M.; President's Address at 8 o'clock. Meeting to continue two days. The Council meet at the same place at 2, P.M.

New Medical Baronet.—Mr. William Lawrence, the eminent surgeon, has had the honor of a Baronetcy conferred upon him.

M. PASTEUR states that it is an error to suppose that a temperature of 167 deg. Fahr. is sufficient to destroy organic germs; 230 deg. to 238 deg. is the temperature required.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 18th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	30	39	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	36.4	36.6	73.0
Average corrected to increased population - - - - -	00	00	81.3
Deaths of persons above 90 - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Examination of the External Auditory Passage. By Henry L. Shaw, M.D.—Medical Botany of Norfolk County. By Josiah Noyes, M.D.—Ear Douche, a new instrument for cleansing the Ear. By Edward H Clarke, M.D.—Three Cases of Acute Rheumatism treated with Syrup of Lime. By S. K. Towle, M.D.—Two Cases of Cancer treated with injection of Acetic Acid; occurring in the service of Dr. Cabot, in the Massachusetts General Hospital.—Surgical Cases occurring in the service of Dr. G. H. Gay, in the Massachusetts General Hospital.—Extracts from the Records of the Providence Medical Association.—Operation for Double Harelip.

DIED,—In Middleboro', May 7th, Dr. George W. Snow, aged 58 years.

DEATHS IN BOSTON for the week ending Saturday noon, May 18th, 69. Males, 30—Females, 39. Congestion of the brain, 1—disease of the brain, 1—bronchitis, 3—burns, 1—cancer, 2—consumption, 11—convulsions, 3—cyanosis, 1—debility, 1—diarrhœa, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—drowned, 1—erysipelas, 1—scarlet fever, 7—typhoid fever, 2—gastritis, 1—disease of the heart, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—marasmus, 2—old age, 2—premature birth, 2—puerperal disease, 1—smallpox, 7—suicide, 1—tumor, 2—unknown, 6.

Under 5 years of age, 28—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 50—Ireland, 11—other places, 8.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI. THURSDAY, MAY 30, 1867. No. 17.

I.—PERIOSTEAL REPRODUCTION OF THE CONDYLES OF THE HUMERUS AFTER EXCISION OF THE ELBOW-JOINT.

II.—PERIOSTEUM OF THE FOREHEAD TRANSPLANTED IN A RHINOPLASTIC OPERATION. NO NEW BONE FORMED. NECROSIS OF THE EXPOSED SKULL.

By HENRY J. BIGELOW, M.D., Professor of Surgery in the Medical School of Harvard University.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Sept. 14th, 1857. O. P. F., aged 29, married, clerk. Is a light-haired, unhealthy-looking man. Family liable to scrofulous affections. Five years ago, while at work hoisting goods, he struck his right elbow a violent blow, causing great pain. The elbow swelled, and he was laid up a fortnight. Since that time, whenever he struck this joint, it would swell up in a similar manner. Last July, a fistulous opening appeared a little outside of the olecranon, and a week or two later a second one broke out about two inches below the first. These discharge a thin, purulent fluid. A probe passes under the skin from one opening to the other. No diseased bone is felt.

From this date until March 27th, 1858, the record states that various sinuses formed and were laid open.

March 27th.—Etherized. Dr. Bigelow made an incision over the olecranon, and found in the bone a cavity with carious walls, the size of an almond. The diseased parts were removed by the gouge.

28th.—Very little pain. Doing well.

April 21st.—Abscesses continue to form.

June 19th.—*Operation by Dr. Bigelow.* Patient etherized. Joint opened by a semicircular incision, and the ulnar nerve sought and turned aside. The ends of all the bones were found to be much diseased, and about an inch of the ulna and an inch of the humerus were removed. The head of the radius was also excised. But little blood was lost. No arteries tied. The periosteum being firmly attached to the coral-like surface of the bone, was torn out from the inequalities with strong forceps. Wound brought together by sutures. Flaps riddled by old fistulous openings. Arm placed on an angular splint, with water dressing. Evening.—Very little pain. Skin warm. Pulse 100. No hæmorrhage.

22d.—Edge of wound looks sloughy. Comfortable. Stitches removed.

26th.—Pulse good. General condition as good as before operation. Edges of wound have opened and sloughed. Sinuses clean. No pain. Porter.

August 17th.—Wounds closing slowly. Discharge much diminished. Appetite good. Walks out every day.

22d.—Wounds flabby. No dead bone felt. Strap.

Sept. 5th.—General health is very good. Ulcers have contracted somewhat. Advised to go into the country, and is discharged.

Nov. 11th, 1858.—Since leaving the Hospital has been in the country. Has had more or less cough. Looks as well as when last seen. About a month after his discharge, an abscess opened, two inches below head of radius. Now, integument around elbow is red and inflamed. There are five fistulous openings which connect with one another and centre in a cavity formed by the removal of the bones. No dead bone can be felt. The discharge is very slight. No pain. Still keeps on the angular splint. Has made up his mind to have the arm off, and enters for the purpose of operation. House diet. Ale. Poultice.

16th.—Has more or less cough. Cod-liver oil, ʒ ij., thrice daily.

20th.—*Operation.* Patient was etherized, and the arm amputated just above the elbow.

Feb. 28th, 1859.—Discharged, well.

It has lately been ascertained that this patient, who manifested indications of tubercular disease of left lung before his arm was removed, died of phthisis about Dec. 1st, 1859, the disease not having been arrested by the amputation.

The interesting points in this case of excision of the elbow-joint are:—

1. The reproduction of the condyles of the humerus by the periosteum, which was torn from the interstices of the bone of both the original condyles. The horns which were reproduced for the insertion of the extensors and supinators and of the flexors are conical processes, each somewhat more than half an inch in length, and regularly curved forwards and inwards, as seen in the accompanying wood-cut from a photograph of the bone. The rugous surface of the excised condyles is also well shown.*

2. The unfavorable issue of this case corroborates what seems to be the fact, viz., that while the elbow is a most favorable joint for excision in cases of recent injury and in healthy subjects, yet when

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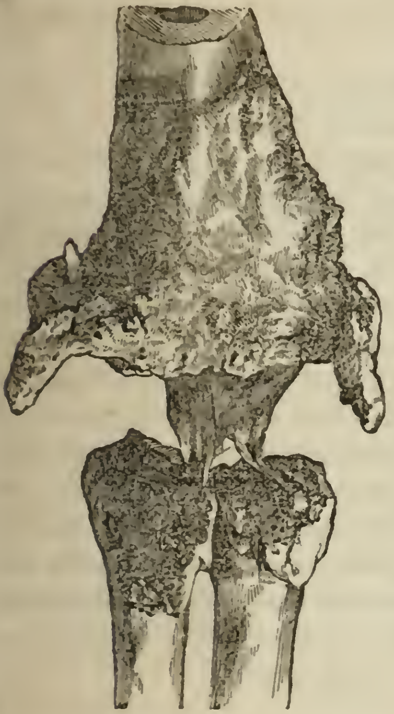
* For a somewhat similar specimen, from the practice of Prof. Syme, of Edinburgh, the reader is referred to the *Lancet*, March 3, 1855.

this articulation which is so near the centre of the circulation, and which should therefore be well nourished, and prompt to take on reparative processes, becomes carious from disease, it implies a general feebleness of constitution, which calls rather for amputation than excision.



Case II.—Dec. 1st, 1866. A. B., aged 22. This young woman, at the age of ten years, was attacked with scrofulous lupus, which resulted in the destruction of the principal part of the nose, including the bones and as far down as the alæ. A hole of the size of a silver dime, surrounded with cicatricial tissue, exposes the nasal cavity. The margin of the alæ remains half an inch wide and retracted into the cavity of the nose, especially upon the right side.

15th.—*Operation by Dr. Bigelow.* The alæ were dissected from their adhesions within the nasal cavity, and being cut square, left a margin a quarter of an inch in width. A flap was taken from the forehead, in the usual way, and brought into place so as to form a nose and unite at its lower margin, with that of the alæ and septum. In dissecting up the flap, the periosteum to which it was attached was carefully removed from the skull, in the hope that it would form a new bridge.

16th.—Wound looking well.

19th.—Every other suture removed.

25th.—It is now evident that the exposed bone is becoming necrosed.

March 2d, 1867.—The margins of the wound upon the forehead have shown little tendency to approximate over the exposed surface of bone, the whole of which is dead, and is becoming gradually elastic and detached from the subjacent tissue. To-day (eleven weeks after the operation), forceps were introduced at the edge of the wound and the entire bony surface lifted off in two fragments, being itself a scale of almost papery thinness, and uncovering a healthy granulating surface.

31st.—Patient was etherized, the pedicle divided, and the eyebrow restored to its normal position.

April 30th.—Wound of the forehead completely healed.

May 15th.—No bone can be detected in the new nose.

Remarks.—Having, in four previous instances, had occasion to make an entire new nose from the forehead, and having been on the whole dissatisfied, owing to the tendency of the new nose to flatten, with the want of resemblance in the result of my own efforts to the model nose usually depicted in standard works on surgery as the result of the rhinoplastic operation, I determined in this instance to invoke the aid of the periosteum in the formation of a new bridge. This had already been done abroad; with what result, I have been unable to learn. I had, however, been previously deterred from the experiment, in apprehension of the very injury to the bone, which has been mentioned as having occurred in the present case. The necrosis of the whole surface of the exposed bone, in connection with the entire absence of osseous formation in the new nose five months after the operation, is not favorable, so far as the evidence of a single case may be relied on, to a repetition of this experiment.

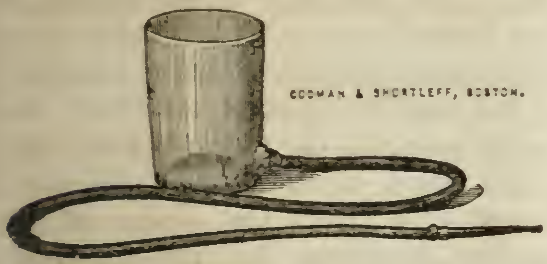
EAR DOUCHE—A NEW INSTRUMENT FOR CLEANSING THE EAR.

By Edward H. Clarke, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The importance of frequent and thorough cleansing of the external auditory meatus in cases of acute and chronic otorrhœa is manifest. Its necessity is pointed out by all writers on diseases of the ear. There are probably few general practitioners who have not had occasion to prescribe, especially for children, syringing the meatus with simple or medicated water. This is commonly done by means of a small syringe, made of pewter, glass, or gutta-percha. All such syringes, however well made, and however easily used by physicians, are not well adapted for the use of patients. They get out of order easily. They hold only an ounce of water, and often less, and consequently do not cleanse the meatus by a continued stream of water, but by a succession of jets. The piston rarely moves with ease, and the force requisite to start it on its course, often propels it, when started, with undue violence, and so throws the water from the syringe violently into the ear. The orifice of the ear is not infrequently irritated or wounded by a repetition of attempts at syringing, till the patient refuses to submit to it. I have frequently met with cases, especially of young children, in whom the necessary cleansing of the ear was entirely neglected in consequence of these and kindred difficulties.

With the hope of obviating these disadvantages, I devised the instrument of which the accompanying cut will give a better idea than any description. It is simply an adaptation of the nasal douche to the ear. It consists of a glass jar of the capacity of about a pint, and of a flexible tube three feet long. One end of the tube is attached to the jar, and the other end is furnished with a nozzle appropriate for the ear. By elevating the jar to a greater or less height, a continued stream of water is poured into the meatus with sufficient force to cleanse it thoroughly, and to do so without pain to the patient. I have used this instrument for the purpose of cleansing the ear in a large number of cases, and am satisfied with its action. It is preferable to the syringe for this purpose. It may be appropriately called the ear douche. It is manufactured and for sale by Messrs. Codman & Shurtleff, Tremont Row, Boston.


CODMAN & SHURTLEFF, BOSTON.

THE EXAMINATION OF THE EXTERNAL AUDITORY PASSAGE.

By Henry L. Shaw, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In the examination of the external auditory passage by the old method, great difficulty is often experienced in obtaining a satisfactory view of the bottom of the canal and membrana tympani. Many circumstances are necessary for effecting a thorough examination. In their absence, we are obliged to content ourselves with only an imperfect view. In some cases, as in the impaction of wax or the presence of foreign bodies in the passage, this is all that is needed; in a still larger number, a minute examination is not only desirable, but frequently indispensable, for a correct diagnosis. The failure to secure this minuteness of examination is due, as Troëltsch well says, "not to the great difficulty which attends the examination, but to the method employed."

A perfect view of the ear can only be obtained when the canal is straight and thoroughly illuminated. The bivalve speculum, the instrument most used to overcome the curve of the canal, frequently answers very well; and, when favored with good sunlight, is sufficient to illuminate the bottom of the passage and give a distinct view of the deep parts. If, however, the light is poor, or the canal small or unusually curved, or if it is studded with hairs, it will be found oftentimes almost impossible to obtain a complete view of the membrana tympani.

The sensation produced by the use of this instrument is unpleasant, and not unfrequently painful. The cartilage of the meatus is susceptible of dilatation only to a limited extent, and in some cases all the force we may feel justified in using will not suffice to straighten the canal. The dilatation of the external meatus, even with the valuable aid furnished by pulling the external ear upward and backward, will not always overcome the curve of the canal. To effect this, we are obliged not unfrequently to insert the blades of the speculum far enough into the passage to dilate that portion which projects so prominently on the anterior wall, at about the junction of the middle with the outer third. However tolerant the meatus may be of this usage, it is quite certain that the inner portion of the canal will not admit of much dilatation without danger of harm following. A serious objection to this speculum, and also to the conical, when the old method of examination is employed, is that the observer is obliged to stand between the patient and the light, and in his efforts to obtain a good view of the bottom of the canal is constantly troubled by shadowing the light. This speculum also requires the use of both hands, which is a serious disadvantage in those cases requiring the application of local remedies.

The conical speculum of Wilde is a much more efficient instrument, inasmuch as it has all the advantages of the bivalve without the disadvantages which attend the use of the latter. With it, the straightening of the canal is easy and effectual, and the dilatation of the meatus is rendered unnecessary. It also affords complete protection to the walls of the passage, which is a great desideratum while making caustic applications. When inserted far enough into the passage (as it can generally be without producing pain), it will usually remain in the position in which it is placed without being held.

The old method of illuminating the ear by the aid of direct sunlight, or white light, which is still so generally employed, is very inefficient when compared with that of Troëltsch, the prominent feature of which is the substitution of reflected for direct light. His method consists in the use of a conical speculum and a concave mirror of glass or metal, three inches in diameter and about six inches focal distance. The centre is perforated, or the quicksilver scraped off, forming a clear space for the eye of the observer. Accompanying it is a frontlet bandage, by which the mirror can be attached to the forehead, as in the use of the laryngoscope. Its connection with the mirror is by a ball-and-socket joint, thus allowing it to be fixed in any position desired, and ensuring a great latitude of motion.

Persons not practically familiar with the use of this instrument, can hardly realize the great advantage it has in enabling us with facility to examine the bottom of the canal and membrana tympani with a degree of minuteness hitherto attainable with difficulty. By its use we are no longer dependent upon the weather, it being applicable with artificial as well as solar light. The mirror may be used with sunlight. For a long examination, however, this is often too dazzling, and for the detection of minute changes in the membrana tympani it will not answer so well as white light, such as we have in very pleasant weather. This is, on the whole, the best illumination obtainable, as it gives a more correct idea of the color and actual condition of the parts. From the great uncertainty which attends the weather, recourse must be had to artificial light, which will be found an efficient substitute. On this kind of illumination we are obliged to depend, and when bright enough it will be found sufficient for the detection of minute changes at the bottom of the canal. It is a great advantage in the use of artificial light to bring it on a level with the ear to be examined. This can be readily done by the aid of a stand with a movable arm. The best light is that afforded by an argand gas burner, behind which is placed a large concave mirror. It can be arranged on the movable arm of a stand similar to that used in examination with the ophthalmoscope. For office practice this will be found very convenient. The ordinary kerosene lamp answers for illumination very well; it is, however, far less efficient than the preceding. In the use of the mirror, the patient is placed sideways, with the ear to be examined turned away from the light. By using the speculum and mirror in concert, we can bring into view any portion of the canal or membrana tympani desired. By wearing the mirror on the forehead, the liberty of the right hand is ensured, which is almost indispensable in the removal of polypi, foreign bodies, &c. If necessary, the speculum can usually be fixed in the passage, thus allowing the freedom of both hands. Some tact is requisite in using the mirror advantageously; this is, however, easily acquired. A little practical experience will convince any one that the claims of Prof. Troëltsch as having introduced an improved method for the examination of the ear are well founded.

Boston, May, 1867.

THREE CASES OF ACUTE RHEUMATISM TREATED WITH SYRUP OF LIME.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—Mr. J. I., æt. 56, thin and flabby in flesh. Attacked March 27th; came under treatment March 30th, by the syrupus calcis, as advised by Dr. Buckingham, thirty drops every three hours in a half-cupful of milk, with fifteen drops of Dr. Squibb's liq. opii comp.

p. r. n. The toes, ankles, fingers and wrists were red, swollen and acutely painful.

March 31st.—Increased syrup. calcis to thirty-five drops, and the next day discontinued opiate.

April 6th.—The redness and swelling nearly gone, and no pain except a lameness on motion. Ordered syrup of lime to be taken but three times a day.

9th.—Informed patient was not as well, and, April 10th, he was seen and the medicine ordered in doses of two thirds of a teaspoonful every three hours. Patient tried the syrup in water and in thin gruel, but gladly returned to the milk as ordered, having got a very disagreeable caustic effect.

12th.—Patient sitting up. No signs of disease, except slight swelling and soreness in one foot. Medicine ordered three times a day for two days, and visits discontinued.

Case II.—Mr. O. K. N., æt. 29; in good condition. Attacked April 5th; seen April 6th. Ankles, knees and one foot red, swollen and keenly painful. Treatment as at first in Case I., excepting larger opiate required, especially April 7th, when both wrists and one shoulder were excruciatingly painful.

April 14th.—Patient sitting up; has but slight pain on motion, and none when quiet.

16th.—Patient requested permission to go out, which was not allowed until April 19th, when there was but a slight lameness to remind of the disease.

Case III.—Mrs. B. M., æt. 26; not very strong, and had been nursing babe nine months. Attacked April 11th; seen April 16th, having meantime been under treatment by another physician. Both legs and one arm and hand helpless and very painful; pulse 115, and much worn out with want of sleep. Treatment as in Case I. Great relief from the opiate (and I would here remark that I have found, as a general rule, less disagreeable effects after administering Dr. Squibb's liq. opii comp. than after any other preparation of opium).

April 19th.—Severe conjunctivitis and sclerotitis of right eye, which, on the 20th, affected both eyes. No appearance of iritis. No pain in limbs, except on motion. Syrup of lime increased to forty-five drops every three hours.

25th.—Patient sitting up. No redness or swelling, but considerable lameness on motion. Eyes much improved. Medicine reduced to four times a day.

28th.—Walked across the room.

30th.—Sat up three hours. Lameness much decreased. Visits discontinued.

Haverhill, Mass., May 15, 1867. S. K. T.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY W. H. TRAVER, M.D., SECRETARY.

Tumor of the Chest; Death.—Dr. Clapp reported the case and exhibited the specimen.

The patient, a man, aged 26 years, was taken ill in July last; areolar tissue about the eyes œdematous. The superficial bloodvessels of the head and eyes were greatly distended; action of the heart and pulse feeble. The physical signs of the chest were normal except over the region of the tumor and heart, where there existed some dulness on percussion. In October, Dr. Clapp performed paracentesis thoracis, and drew off five pints of serum. The patient died Nov. 4th.

Autopsy, twenty-four hours after death. Rigor mortis well-marked. A tumor was found in the upper part of the chest, of the size of a pint bowl, extending to the trachea, involving the thyroid gland, and extending down as far as the pericardium.

Two pints of serum were found in the chest, and one and a half pint in the pericardium.

The grandfather and aunt of the patient died of cancer. Other organs healthy.

Strangulation of the Intestines, resulting in Death.—Dr. Collins reported the case and exhibited the specimen. The patient was a female, aged 38 years.

Autopsy, twenty hours after death. All the small intestines except a few inches at either extremity were deeply congested, and in some portions almost black. Near the upper part of the small intestines was a band of mesentery which had become adherent to the free border of the intestine, thereby forming a loop through which the intestines passed. The strangulated portion included nearly all of the jejunum and part of the ileum, commencing just below the duodenum. In the band was a tumor of extravasated blood about the size of a walnut, hard and black. There were several other bands, formed by adhesion, or strips of organized false membrane in several pars of the intestines.

Tumor, removed from the Inguinal Region.—Dr. Caswell reported the case and exhibited the specimen.

The patient was a young married woman, 19 years of age, having been married three years. The tumor was as large as a goose egg, and situated above Poupart's ligament, extending in its long axis from about one inch below the anterior superior spinous process of the ilium towards the symphysis pubis.

It was freely movable except towards its attachment to the ilium, and seemed to be covered by integuments only.

In the operation, however, it was found that the abdominal muscles had become excessively thin, and the tumor lay for half its extent upon the peritoneum. There were but two small arteries that required a ligature, one in the integuments, and one in the fascia. A short time after the operation there was copious hemorrhage, which seemed to proceed from a general oozing, and which was checked by the attending physician by the application of Monsel's styptic. Since that time she has made good progress towards recovery, with no unfavorable symptoms.

Dr. Caswell was of the impression that the tumor was of a malignant nature.

Foreign Body in the Lungs; removed by Coughing.—Dr. Mann reported the case. The patient, a middle-aged farmer, during a paroxysm of coughing, expectorated a *ten-cent piece.*

The patient swallowed the piece eight years ago, but supposed it had passed into the stomach. He had had repeated attacks of irritation of the lungs, accompanied by pain and "fits" of coughing.

At the time of the removal of the piece, his cough was considerably severe, and he was taking some expectorating medicine. There has been no return of the cough, or pain in the lungs.

Apoplexy during Labor; Death.—Dr. Robinson reported the case.

The patient, aged 25 years, a native of Ireland, when first seen by Dr. Robinson was in labor with her second child. Labor pains slight; patient comfortable and walking the room. Two hours passed without any perceptible change in the condition of the patient; when she suddenly complained of dizziness, the pains increased in severity, she was helped upon the bed, and died in fifteen minutes.

There was no œdema of the legs or convulsions. Habits spare, health good up to the time of the attack. No autopsy.

AMERICAN MEDICAL ASSOCIATION.

(Continued from page 340.)

Medical Statistics in the Army.—Dr. Benjamin Howard, of New York, offered the following preamble and resolutions:—

"Whereas, There has been issued, and still remains in force, an official order from the Surgeon-General of the United States Army, prohibiting the communication of any medical or surgical information by any medical officer of the United States Army, to any person whatsoever, without special permission from the Medical Bureau at Washington—thus appropriating, as far as the official power of the Surgeon-General can compass it, all the valuable experience and statistics of all medical men who have served in the various departments of the United States Army, to the exclusive use of the Medical Bureau. And,

"Whereas, Under such arbitrary control, an official report has already been made tending to create incorrect impressions on scientific questions of great practical importance to the profession and to society. And,

"Whereas, It is important to the reputation of all medical men who served during the war, that they have the opportunity of correcting such erroneous impressions by an examination of the original records. Therefore, be it

"*Resolved*, That it is the opinion of this Association that the monopoly now exercised by the Medical Bureau over the medical and surgical records of the war, is contrary to the genius and catholic spirit of our profession, and obstructive to the highest interests of science and humanity.

"*Resolved*, That the Secretary of War, or other proper authorities, be requested to direct that the original records of the Medical and Surgical History of the War be rendered accessible on certain regular days of each month for purposes of scientific investigation to all medical men who have served as such in the Army of the United States."

Dr. Howard spoke at length in support of the resolution. He dwelt upon the jealousy of departments against interference on the part of outsiders. He did not aim at any one in particular as a target; he spoke for the benefit of his profession.

Dr. Woodward asked for the reading of the preamble and resolution. He then objected to the ventilation of private grievances on the part of any member. The Surgeon-General of the Army, a most efficient officer, was striving to do his duty to the profession; he did not wish those who had contributed nothing to interrupt the business of his bureau for searches. Besides that, the records of the office were now being consulted for the adjustment of pension claims—indiscriminate disturbance of these records was out of the question. He therefore moved that the resolution be laid upon the table, which was carried by a very decided vote.

After the reading of the Report on Medical Literature, Dr. Sayre protested against certain portions as being too highly laudatory of the Board of Health of New York, and as containing matter foreign to the scope of such a report. He also made some remarks upon cholera and quarantine, and claimed that there were few if any cases of that disease to combat, and that these same had been introduced by breakages of the quarantine.

Dr. Davis supported the spirit of the Committee's report, and moved that it take the usual course of reference to the Committee on Publication, which was adopted.

Dr. Hibberd offered the following:—

"*Resolved*, That the habit of using unofficinal preparations of medicine by physicians, except where there is no officinal preparation that will answer the purpose as well, is unscientific and imprudent, tending to demoralize the therapeupist and encourage irregular pharmaceutists and nostrum makers, and should be abandoned.

"*Resolved*, That the profession should not patronize druggists who are engaged in the manufacture of nostrums."

On motion, tabled. The Association then adjourned.

THIRD DAY.

The Association met again on the 9th, the hall being full, though not as crowded as on the 8th. President Askew called the meeting to order.

Dr. D. H. Storer arose to a question of privilege, namely, the honor of the Association. It was in debt, and its first duty was to take measures to relieve its executive officers from their embarrassments. He moved that every member be assessed a tax of two dollars to raise the necessary funds.

On motion, he was requested to prepare a subscription paper, and lay it upon the table for voluntary contributions.

Female Physicians.—Dr. Atlee, of Philadelphia, offered the following:—

"WHEREAS, The subject of female education is exciting attention, and regularly educated female physicians have established themselves as practitioners of medicine; and

"Whereas, Female Medical Colleges, embracing all branches taught in other colleges, and all the conditions for graduation exist in the United States for the separate education of females; and

"Whereas, it is important that the standard of education and the observance of the code of medical ethics should be fostered and maintained by this Association, therefore

"*Resolved*, That the American Medical Association recognizes well-educated female physicians by the same laws that govern its own members."

Dr. Bowditch arose to a point of order, and reminded the President that the Association had postponed the order of the day for five minutes to allow Dr. Storer's question of privilege. He claimed that the five minutes had expired, and he moved to lay the resolutions on the table, which motion prevailed without a negative vote.

Report on Insanity. Dr. C. A. Walker, of Boston, read the report of Dr. I. Ray, of Providence, R. I., on Insanity. It was an able and interesting paper.

Dr. Chipley, of Lexington, Ky., offered some remarks in vindication of the Superintendents of Insane Asylums, with reference to their connection with this Association. He referred to the fact that there were five such Superintendents present, who were a larger proportion of their class than the representatives of any other class of the medical profession present.

The report of Dr. Ray was referred to the Committee of Publication.

Nominations and Place of Meeting.—The Committee on Nomination of officers and place of meeting reported as follows:—

Place of Meeting—New Orleans.

President—Samuel D. Gross, of Pennsylvania.

Vice Presidents—A. C. Post, of New York; John H. Atlee, of Pennsylvania; D. W. Yandell, of Kentucky, and H. R. Storer, of Massachusetts.

Permanent Secretary—William B. Atkinson, of Pennsylvania.

Assistant Secretary—J. G. Richardson, of New Orleans.

Treasurer—Caspar Wistar, of Pennsylvania.

On motion of Dr. Davis, of Illinois, that portion of the report naming the place of meeting and officers resident there was laid on the table. The rest of the report was then adopted.

Dr. Davis remarked that the crisis had arrived, which he had long anticipated, when the matter of eating and drinking, and entertaining the Association had come to involve such an expense that no invitation had been extended in advance, by resident members of the profession, for the Association to meet in any city, and the Committee had reported New Orleans without an invitation from any one there. While there was no city in which he would like better to meet on personal accounts, and as a manifestation of reunion with the South, he felt that it would not be right to impose a meeting of the Association on that city. It was embarrassed in every relation of life, like all other places in that direction. It was impoverished, and though they would no doubt receive us with cordial and open hands, it would be wrong to tax them in that way. They could not vie with the liberality and extravagance of Cincinnati; or, if they did, it would be at a sacrifice we should not admit of. He would give them another year to recover, and an opportunity to invite us. He therefore offered the following:

> "*Resolved*, That the next annual meeting of the American Medical Association shall be held in the City of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.
>
> "*Resolved*, That whenever the Association shall meet in the City of Washington, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever."

Dr. Yandell, of Kentucky, arose, and was urged to take the stand, where he said:—

"I have listened with pleasure, and derived some new light from the remarks of the gentleman from Chicago. I arise to explain the motives of the Committee in naming New Orleans, and in doing which I think I shall violate no confidence. When the place of meeting was called for, Dr. Horatio R. Storer, of Massachusetts, proposed New Orleans. The motion was seconded by Dr. Alonzo Palmer, of Michigan. As one of the few representatives from the South, I chanced to be in the Committee, and was asked my opinion in reference to New Orleans. I confess to you, gentlemen, that I never listened to a proposition in all my life which excited such emotions in my breast as this motion, coming from Massachusetts, and seconded by Michigan, to take this great body of brothers across the crimsoned waste of war and hold out the hand of fellowship to their brethren in the South. [Cheers.] I confess to you, that when Dr. Storer, of New England, and Dr. Palmer, of the mighty West, moved that we thus extend the hand of brotherhood to the medical profession in the South, I could not restrain my emotions from bringing tears of joy to my eyes.

"The first question was, whether it would be acceptable to New Orleans. I felt that I had some right to speak for the profession in New Orleans. My excellent father and myself had taught many of them as students of medicine. I had served with them, and was personally acquainted with most of those who had been in the Southern army. I knew they felt as I feel, that when peace came in 1865, we had been united again; in fact, that we had never been divided; that though politicians separated us by geographical lines, still the great republic of letters was one: that

"'No pent-up Utica contracts our powers,
But the whole boundless continent is ours!'

"In the great republic of science all geographical lines should be obliterated. We of the South, and you of the North, the East, and the West, have a common heritage. The ashes of the illustrious Drake lie in your beautiful cemetery here. Have we of the South no claim to or interest in his name and his fame? Have you of the North no interest in the long list of great and good men who adorn the profession in the South? No interest in those whose labors have added glory not only to medicine but to the nation?

"Hence I said I believed every man in the South, in that land of flowers, of the mocking bird, and of beautiful women, waited but to have your hands extended to them to give you a welcome. [Cheers.] I said to the Committee that New Orleans was poor, that the whole South was poor, but that you would not be less welcome to sit under our vines and to take the fruit from our fig trees; that we could not give you such splendid entertainments as Cincinnati has done; but we could do what was better than eating and better than drinking; we could give you the warm grasp of the hand that you would take with you in memory to your homes. In view of this the Committee honored itself and honored New Orleans by selecting that place for its next meeting.

"I see the objection of Dr. Davis, but if he proposes to do no eating and no drinking at the next meeting, New Orleans is a better place than Washington City. [Applause.] If you want to put the Medical Association on low diet, go down there. [Cheers.] But the very reason of all others which should take the Association south of Mason and Dixon's line—if such a line there be now—is that the Southern people are not able to come to you. They are not here today because they could not afford to come. But they would welcome you to their homes. If you do not go to New Orleans, then go to some place within their reach."

Dr. Griswold, of Ohio, moved to substitute Knoxville, Tenn., instead of Washington City.

Dr. Sayre moved to substitute New Orleans, as in the original report. He thought that, with Dr. Davis's resolution of restriction as to entertainments, there would be no objection to that place.

Dr. Cox, of Maryland, indorsed all that had been said by his friend from Kentucky; he was proud that one man from the South had expressed himself as standing on the platform of the union of the medical profession. He never supposed there would be any difficulty in re-uniting the profession of medicine after the war was over. As to the entertainments of the Association, he was in favor of them, and thought if Dr. Davis's measure was adopted, the usefulness and attendance of the Association would be impaired. In England they did far more eating and drinking than was done here, and yet they accomplished a large amount of work.

Dr. D. H. Storer, of Boston, said the object of these meetings was to bring as many of the profession together as possible, and they should be held in such places as would accomplish that object. We should not meet where we have not been invited by resident members. The probability was we would be well received, but we ought to wait for a proper invitation. Ought we to go when we know there are a great many there who would wish us anywhere else?

The hour having arrived for the steamboat excursion, the whole subject was laid upon the table.

The Steamboat Excursion.—The new and gorgeous three-deck mail line steamer America, tendered by the mail company to give the gentlemen of the medical profession a river excursion, was ready at 12 o'clock. The refreshments for the trip were furnished by the munificence of the City Council, and tickets of invitation had been freely distributed. The members of the Convention and their ladies made their appearance at 12½ o'clock, and the boat was soon under way, with over one thousand people on board. A band of music discoursed lively airs for the multitude. The upper deck was covered with a brilliant throng, and strangers took especial delight in looking upon the picturesque shores of the beautiful river, with their vineyards and orchards and villages. The boat proceeded to North Bend and back in gay and festive style, making race-horse time. Large as was the number on board, the boat was not uncomfortably crowded. It must be admitted, however, that the refreshment tables had to withstand a great pressure. Sparkling Catawba and other vivacious and inspiriting fluids were very freely dispensed; but some modest persons who stood back, had the felicity of fasting while others feasted. A brief address of welcome to the distinguished visitors was made by Dr. G. H. Dougherty, of the City Council, and the guests gave cordial evidence of their appreciation of the hospitalities of the occasion. The boat returned promptly at the designated hour—3 o'clock.

Hospitalities to the Guests of the Medical Profession. Receptions in the Evening.—At Dr. Mendenhall's, West Fourth Street, there was a very pleasant gathering of citizens and gentlemen of the Medical Association. There were present, also, a number of young ladies of prominent families, who assisted in making the hour very pleasant to all, particularly the stranger guests. The entertainment of the evening was much enjoyed.

At Mayor Wilstach's, West Court Street, a band of music and a splendid collation greeted the guests, as well as the kindly attentions of the Mayor and his lady. There was a very large throng here, not only of strangers, but of citizens, with their wives and daughters. All who participated in the festivities carried away with them a grateful sense of satisfaction.

At Larz Anderson's, Pike Street, there was a splendid gathering and an elegant entertainment. We found here quite a number of those who had been guests at Dr. Mendenhall's and Mayor Wilstach's.

[To be concluded.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 30, 1867.

SOME FURTHER IMPROVEMENTS IN MEDICAL SCIENCE.

The Sphygmograph.—An important instrument which modern science has placed in the hands of the physician for the better elucidation and understanding of disease, is the *sphygmograph.* Like the laryngoscope, it is comparatively of recent origin, and can hardly as yet be said to have been introduced to any considerable extent (in this country at all events) into practical use by the profession.

The purpose of the instrument, as may be well known, is to indicate to the eye, and to record in permanent form, the important and multiform, but fleeting impressions of morbid action conveyed by the pulse. It owes its origin to Vierodt, of Germany, but has been greatly modified and brought to its present state of accuracy and perfection by Dr. Marey, of Paris, after whom the instrument is generally named.

The sphygmograph, so far as we are aware, was first brought prominently to the notice of the profession in this country by Dr. J. B. Upham, of this city, who exhibited it to the Boston Society for Medical Improvement in December, 1865. Dr. Upham subsequently, during the winter of 1865–6, set forth before the same Society the utility of the invention in the diagnosis of obscure diseases affecting the arterial system, illustrating the point by reference to a series of original observations in his practice at the City Hospital. One or two interesting cases of thoracic aneurism were especially considered, in which *post-mortem* examination verified the presumed sphygmographic indications of that lesion during life. Thus was shown the value of the instrument (which would seem to be undeniable) as an aid in the appreciation of the sometimes very puzzling symptoms of aneurism when existing within the thorax. Dr. Upham has since exhibited, from time to time, as the result of his accumulated observations and experience, the pulse traces in the various forms of aortic and mitral disease, in affections associated with arterial degeneration, in fevers—both typhus and typhoid—in pleuritis, pneumonia, &c. &c. Those pulse traces, he says, by their manifest and marked variation from the healthy pulse-form, and from each other, show the exceeding delicacy of the instrument, and its power, with patient manipulation, to do all that Marey and his zealous co-workers have claimed for it.

We will add that M. Behier, in speaking of the various uses of the sphygmograph, mentions a case in which it was difficult to decide whether the patient was suffering from bilious disorder or incipient typhoid fever. Marey's instrument indicated the pulse of typhoid fever, and was considered to have settled the question.

The *variations of temperature* produced in the body by disease are now studied with much care in the hospitals of Paris. In an interesting letter from that city, published in the *Richmond Medical Journal*, is an account of some of the results arrived at in relation to typhoid fever.

Hamernyk, from the differences presented by the blood, from the symptoms and *post-mortem* appearances, lays down two distinct periods as marking the course of typhoid fever. The first period is one of *continued* fever, or at most slightly remittent. In the second period the fever becomes intermittent. M. Ladé establishes the same distinctions by means of the thermometer, which indicates, he says, a febrile temperature both morning and evening, for the first period, or that of continued fever. In the second, or intermittent stage, the apyretic temperature occurs in the morning.

In the *initial* part (lasting three or four days) of the first period the temperature is found to ascend to about forty Centigrade degrees (104 Fahrenheit), rising at the rate of about one degree in twenty-four hours. It ascends from morning till evening, remains stationary during the night, or sinks perhaps a fraction of a degree, and resumes its ascension the following morning. This is the course of things whether the fever is to be grave or mild, so that during the initial three or four days the thermometer affords no data for prognosis. Not so, however, it is claimed, as to the diagnosis. For, according to M. Ladé, if, after an acute affection has lasted thirty-six or forty-eight hours, the mercury falls to the healthy standard, the case is not one of typhoid fever. If a diminution of temperature does not take place, we have *probably* typhoid, but not certainly, since the continued elevation of the temperature has sometimes occurred in cases of a different nature. Where, on the other hand, there is a more rapid ascent of the mercury, as when it indicates by Centigrade 39°5, 40° or more, in six, twelve, twenty-four hours of indisposition, Ladé declares positively against a diagnosis of typhoid.

The maximum of temperature in typhoid fever is stated to be, as a general rule, between 40° and 40°5 Centigrade. This point having been reached, the *initial* portion of the first period has terminated. The remaining portion of that period, or its second division, lasts from ten to twenty days. Some three or four days of that second division having elapsed, the mercury begins to descend till the end of the first *period*. Throughout the descending scale the mercury is always higher in the evening than in the morning. And here, we are told, comes in a chance for prognosis. When the rise of the usual evening temperature is anticipated—that is, when the mercury begins to ascend before noon, and when the corresponding descent does not commence about midnight, there is danger. If, on the contrary, the temperature does not begin to rise till after mid-day, or better still towards night-fall, and does begin to descend by midnight, then the prognosis becomes more hopeful. Again, when the morning oscillation of the mercury downwards is but slight, there is cause for alarm. And, if the temperature for several successive mornings should be at 40° Centigrade, the case is set down as fatal. On this last point, however, the reporter of these observations thinks M. Ladé too absolute in his conclusions.

We have now done with both divisions of the first period. When the *second period* has begun, "the morning temperatures fall to the healthy standard, whilst, for the first few days, the evening examination shows a comparatively high fever," which, however, in its turn gradually diminishes. This period usually lasts from one to two weeks, according to circumstances. When convalescence is fully set up, the temperature is at the healthy standard, the evening indications being only a few tenths of a degree higher than those for the morning.

During the last epidemic of cholera, M. Prompt studied the variations of temperature of that disease, in the patients at the hospital St. Antoine. M. Prompt found the temperature of the axilla in a majority of instances higher than that of the mouth, while in the rectum the mercury was higher than in either the mouth or axilla. He also observed that when the mercury descended in all three of those regions simultaneously, death always ensued.

We have on file a contributed article which gives some cases illustrative of the use of the thermometer in disease.

The Dynamometer.—"Duchenne (de Boulogne)," says the correspondent we have referred to, "has invented a small portable dynamometer, which is so contrived that whilst it furnishes the muscular power of the individual in whose hands the instrument is placed, marks at the same time the moment when the exhaustion of the nervous system begins, and permits the rapidity of that exhaustion to be followed. The dynamometer is similar in its construction to that appended to an apparatus for the reduction of luxations." It is sometimes called the *myograph.*

Variations of Weight in Disease, &c.—The last innovation from abroad we have to notice, at present, is the practice of ascertaining by the scales the variations of weight produced by disease and by certain remedies. Observations in this direction are made in the hospitals of Germany as well as those of Paris. They are also especially directed to the nurslings of the "Maternity" hospital. It is there ascertained that the infant should, after the first week of its life till the end of the fourth month, gain from twenty to twenty-five grammes (15.444 grains troy) per day. After the fifth month, the increase of weight is less rapid, being say from ten to fifteen grammes in twenty-four hours. This is manifestly far below the usual increase of weight in healthy infants in this country.

So far as the effects of disease are concerned, it strikes us that these observations have not a very practical bearing, since we can hardly think that much time is lost if we wait till emaciation becomes evident to the eye. Nevertheless, a system of accurate weighing may possibly develope unexpected results.

Without attempting to mention all the improvements our science is accomplishing, we close this article by alluding to the brilliant success of Dr. H. J. Bigelow in remedying ununited fracture, as developed in the article on that lesion, now in course of publication in this JOURNAL.

MATERIALISM IN THE PARISIAN MEDICAL SCHOOL.

THE spirit of infidelity, rampant during the first French Revolution when it worshipped the goddess of Reason, seems to have left a legacy, in the shape of materialism, to a portion of the present generation in Paris.

Some disorderly occurrences took place at the recent opening of the course on Therapeutics by the Faculty of Medicine of Paris. The affair, slightly alluded to by the *Union Médicale*, is more fully related by the *Phare de la Loire* of the 23d of March last, and the description given by the latter journal is quoted by the *Journal de Médecine de Bordeaux*, with the addition of appropriate comments.

We are informed that among the five new Professors was M. Sée, who had been appointed without previously passing the *concours de l'agrégation.* Although he had been presented by the Faculty, and had not been imposed upon them by the Government, the other *agrégés* got up a cabal against him. The great amphitheatre where he was to lecture was filled to overflowing when M. Sée entered to give the introductory address of his course. At once there is a tumult. He essays to speak. The tumult continues. There is an evident determination that he shall not be heard. A student by the name of Léonce Levrand descends the steps and demands the floor, which is yielded to him by M. Sée, and silence is obtained. M. Levrand begins thus:—"Messieurs! [the uproar is renewed] If you will not have me say 'Messieurs,' I will address you then by the appellation of 'Citizens.' [Prolonged applause.] Citizens! several Professors have been appointed, who, I believe, represent the ideas of progress, of materialism, of innovation. M. Sée, it appears, belongs to this phalanx. Yesterday we applauded M. Vulpian and M. Broca, who both opposed the old routine traditions. I believe M. Sée represents the same ideas. Hear him!"

Thunders of applause greeted these words. The sop had been thrown to Cerberus. The School of Medicine overlooked the slight to the *concours de l'agrégation* in their triumph at finding the new Professor an advocate of materialism.

This doctrine of materialism, now so popular in the Parisian School of Medicine, is thus set forth, according to the *Journal de Médecine de Bordeaux*, by the celebrated Moleschott. Thought is a movement of the cerebral matter, and that movement is a consequence of perception derived from the senses. Man is the resultant of his ancestors, of his nurse, of the place where, and the time when, he lives, of the air, of the weather, of sound, of light, of regimen, of clothing. His will is the necessary consequence of all these causes. It is allied to a law of nature, the manifestation of which we recognize in the relation of the planet to its orbit, and in that of the plant to the soil in which it grows. Every *savant* will logically arrive at the belief that * * * the thoughts have the same relation with the brain that the bile has with the liver, and the urine with the kidneys.

The writer in the Bordeaux Journal says he finds himself constrained to "*secrete*" from his brain the following consequences of such doctrine. This "gospel" rejects the unity of the human *ego* active, free, responsible, endowed with memory and reason, social and perfectible, loving and hating, capable of sentiments of justice and enthusiasm. It suppresses all the facts of consciousness that man discovers, and which he ascertains by intuition and reflection—everything which is not found in the organic cell; by vivisection; by the scalpel or the microscope; by the balance. Psychology is an illusion, self-devotion a chimera. The beautiful and the good are words devoid of sense, morals a question of alimentation, &c. Language, logic, eloquence as well as mathematics, poetry and the arts, are explained by the transformation of force.

The Faculty of Medicine, it is added, has reached a most serious crisis. For ourselves, we do not regret it. Better that evil should show itself where it can be met than that it should undermine secretly! Better that *matter* should approach the surface, where it can be dealt with, than that it should burrow out of reach! In an open contest between truth and error, we have no more doubt of the final triumph of the former than we have that light can conquer darkness.

NOVEL ABORTIVE.

We learn from the *Union Médicale* that a female member of a religious establishment presented herself at a hospital in Naples for relief from acute pains in the breasts, the cause of which she refused to state. At the recital of her sufferings, the physician, suspecting something extraordinary, subjected her to an examination, which the patient underwent most unwillingly. But, instead of finding disease, the examiner discovered the development, the turgescence, and the other signs of pregnancy. Foreign bodies, having sharp points, were perceived upon pressure, which caused acute pains. Yet, the patient stoutly denied that any pin or needle had been introduced into the breast. Her statement, however, was soon falsified by the emergence through the skin of a sewing needle, which was extracted by forceps. She nevertheless feigned astonishment at this singular occurrence, insinuating that she had introduced the needle during sleep; and it was not till this explanation was spoiled by the extraction of thirty-two such, that, acknowledging herself six months pregnant, she stated that her confessor had counselled the insertion of the needles, as an expiation for her sins, and had introduced them himself. The object of the performance may be guessed.

Le procédé est piquant, says *l'Union*, or, as we should put it in English, the proceeding was sharp practice. And it may be added to the long list of other criminal measures, without fear of its being repeated.

The Cattle Plague in Belgium.—The Journal of the Brabant Agricultural Society informs us that this disease has just reappeared at Antwerp, in a stable containing only three cows. This is the twentieth time the cattle plague has invaded the region of Antwerp since the month of January of last year. Neither the source nor the route of the contagion have been traced out, but the former is ascribed to Holland (between which and Antwerp there is much commercial intercourse) and particularly to Amsterdam, which is considered the principal centre of infection for the low countries.

Connecticut State Medical Society.—The annual convention of this Society commenced in Hartford, on Wednesday, the 22d, and closed the next day. The following officers were chosen:—*President*—Dr. Charles Woodward, of Middletown. *Vice President*—Dr. S. B. Beresford, of Hartford. *Secretary*—Dr. Moses C. White, of New Haven. *Treasurer*—Dr. J. C. Jackson, of Hartford. Wednesday evening the President of the Society gave a public address at the State House, and afterwards the convention was entertained by the Hartford physicians. Thursday the annual dissertation was read by Dr. Robert Hubbard, of Bridgeport.

Dental Convention.—The Connecticut Dental Association held its annual session in Hartford last week, commencing on Tuesday, and lasting two days. About forty delegates were present, and questions of interest to the profession were discussed. A resolution was passed in favor of the establishment of a New England dental journal, and Dr. A. Hill, of Norwalk, was appointed as the editor for the Connecticut Association. A committee was appointed to endeavor to secure the establishment of a dental professorship in Yale College.

An act passed by the last General Assembly of Ohio authorizes the establishment of a new Lunatic Asylum in the South-eastern portion of the State, and a board of trustees was appointed for the location and erection of the same.

Vital Statistics of Connecticut.—Births.—The report of the State Librarian shows 11,623 births reported during 1866, 1,421 more than in 1865, and 1,889 more than in 1864. The excess of births over deaths in the State was 4,103—greater than in any year since 1861. Of the babes, 6,046 were males and 5,526 females—the usual ratio. The autumn months were, in the order of nature, the most fruitful. May shows a preponderance of female births. There were 140 plurality births, of which New Haven claims 44 and Hartford 20. No less than 113 illegitimate births were reported—33 assigned to Hartford, 22 to New Haven. Colored children, 192.

Marriages.—Of marriages, there were 4,978, which the Librarian calls a "very remarkable number." It is 518 more than in 1865, and 871 more than in 1864. 1,447 were between parties one or both of whom were foreign.

Deaths.—There were 7,520 deaths, or 430 less than in 1865, and the least number reported since 1861. There has, however, been an increase of 163 in the town of Hartford. Of the deceased, 3679 were males and 3738 females. During the years 1862 to 1865 inclusive, there were more male deaths than females, but the State has returned to the ante-war condition. There were 176 deaths of colored people—16 less than births. Under the age of five, 209 more males than females died; from five to ten years of age the mortality was equal; from ten to forty years, 237 more females were cut off; from forty to seventy, more men by 46 died; and after seventy, more women than men by 94. Of the 48 deaths from puerperal fever, Bridgeport returned 13. Last year the same town reported 16 of the 49 from the same cause. Seven people were killed by being struck by lightning—more than ever before. There were 39 suicides, of which Hartford County reports as usual, more than her share, namely, 14. Of the causes of death, may be mentioned consumption, 1132; pneumonia, 436; old age, 398; typhus fever, 332; cholera infantum, 304; dysentery, 234. Four men and three women have died over 100 years of age. There were drowned 47; frozen to death, 3; homicide, 6; suffocated, 9; starved, 4; poisoned, 17; and various other accidents, 103.—*Hartford Courant.*

The Association of Medical Superintendents of American Institutions for the Insane met May 23d at the Pennsylvania Hospital for the Insane, West Philadelphia, and continued in session two days. Further particulars of the meeting will be given in a future number.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, May 25th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	41	39	80
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.3	38.7	78.0
Average corrected to increased population - - - -	00	00	86.87
Deaths of persons above 90 - - - - - - -	0	1	1

Communications Received.—A remarkable case of Toxicohæmia, strikingly suggestive of Glanders.—On some of the Uses of Bromide of Potassium.—Phlegmasia Dolens.

Died,—On board the bark Fredonia, during the passage from Fayal, May 5th, Dr. Alfred R. Bullard, of Dedham, aged 34 years.

Deaths in Boston for the week ending Saturday noon, May 25th, 80. Males, 41—Females, 39. Accident, 5—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—bronchitis, 2—cancer, 1—consumption, 13—convulsions, 2—croup, 1—diphtheria, 1—dropsy of the brain, 2—drowned, 2—dysentery, 1—epilepsy, 1—erysipelas, 2—scarlet fever, 5—typhoid fever, 1—disease of the heart, 2—infantile disease, 6—disease of the kidneys, 1—laryngitis, 1—inflammation of the lungs, 2—marasmus, 2—measles, 1—cerebro-spinal meningitis, 1—old age, 2—paralysis, 1—premature birth, 2—spina bifida, 1—smallpox, 5—tumor, 1—unknown, 7.

Under 5 years of age, 21—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 53—Ireland, 21—other places, 6.

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. SAMUEL CABOT.—NO. VI.

Reported by Mr. F. R. Sturgis.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—*Cancer of the Neck; Injection of Acetic Acid; No Improvement.*—Nov. 27th, 1866. R. S., æt. 60, a fisherman by occupation, and native of Gloucester, presented himself at the Massachusetts General Hospital with a tumor of three years' duration. The swelling is situated on the left side of the neck, just posterior to the ramus of the lower jaw. It extends upwards to the ear, and downwards as far as a point a little below the angle of the jaw. It is slightly movable, and presents small lobules, like a collection of small glands. One gland can be felt very distinctly, just below the tumor. This has existed for three years, growing slowly. No pain until the last seven or eight months. The pain now is of a dull character and not constant, occurring chiefly at night. No tenderness except at one point.

Nearly five years ago, the patient received a blow on the head with a block, and shortly after a tumor, similar to the present one, appeared in a corresponding position on the opposite side. This continued for five months in spite of poultices, but disappeared after cupping. The patient knows of no cause for the present tumor. None of his relations were ever similarly affected. His health he describes as excellent.

On examination, a chain of enlarged glands was found above the left groin. No enlargement of the spleen was detected.

A drop of blood was drawn from the patient's hand, and examined microscopically by Dr. Calvin Ellis, who reported that the white globules were undoubtedly increased, but not to a sufficient degree to justify the diagnosis of leucocythæmia without other symptoms.

On December 1st, after a consultation, it was decided to cut down upon the tumor and then to be governed by circumstances. The patient was etherized, and an incision about five inches in length was made over the tumor, by Dr. Cabot. The sterno-mastoid muscle was struck and split by an incision in the direction of its fibres, but few of which were divided. The tumor was then found, and a lobule of it opened by the knife. The interior presented the appearance of a malignant growth. A solution of equal parts of acetic acid and water (about one drachm in quantity) was injected into the tumor with a subcutaneous syringe. The wound was then closed with about five sutures. In the evening, the patient suffered much pain from the injection, for which eighty drops of tincture of opium were given.

2d.—Patient slept very poorly. Not much pain. Some bloody discharge from the lower part of the wound on pressure. Three sutures removed, and poultice, with compression, applied. In the evening, all the remaining sutures were removed. To have twenty drops of elixir of opium.

3d.—There is a slight yellow discharge when pressure is applied to the sides of the wound. Little, if any, pain when the wound is not touched. The edges at one place have rather a livid look. Appetite poor. Pulse fair. Apply permanganate of potash to poultice.

On the 4th, the upper part of the wound assumed a grayish look, which was combated with acid wash applied under poultice.

8th.—Patient at times had intense pain, for which laudanum has been given in large doses. Redness and swelling are extending on both sides of the wound, but particularly on the posterior side, from which there is a tolerably free discharge of pus. The patient spends the greater part of the day and night with his head resting in his hand, and leaning upon the bed. Has very little appetite, living entirely upon liquids. This is no doubt in part owing to the difficulty he experiences in masticating. Pulse strong. Inject wound with solution of permanganate of potash. ℞. Sodæ sulphitis, ℈ i., ter in die.

This condition lasted for two or three days, when, on the 11th inst., it was noticed that the swelling was diminishing, and the discharge more free and healthy. The pain is also less. Milk punch.

15th.—Tumor continuing to decrease in size; fibrous sloughs coming away. In all respects better.

19th.—Everything still doing well. Deglutition is less difficult.

25th.—The pain has increased in the tumor. The pus appears to come from the depths of the tumor, which (except in one small spot at its inferior posterior aspect) is of a soft doughy consistence.

All continued to go well, except that the pain in the growth appeared somewhat aggravated, until the 10th of January, 1867, when it was noticed that during the last few days the tumor had somewhat increased in size, but was still soft. Very little discharge. This increase in the size of the growth and in the pain attendant upon it, continued without intermission up to the date of his discharge from the Hospital, January 25th, 1867. Unfortunately for further observation, he has not since been seen by us, although told to report in a month's time.

Case II.—*Recurrent Cancer of the Breast, treated by Injections of Acetic Acid; Improvement.*—K. G., æt. 37, Irish, laundress, entered the Hospital August 21st, 1866, with cancer of the right breast, which was excised. She was re-admitted January 16th, 1867, with two hard nodules in the cicatrix of previous operation—one being situated at the sternal end, the other at the middle. They are attended with some degree of pain. No enlarged axillary glands noticed. General health good. The two nodules are hard, immovable upon the tissue beneath, and the skin covering them is red and adherent. From the sternal one there issues a slight discharge of pus.

On the 19th, a mixture of acetic acid and water (equal parts) was used, after the manner recommended by Dr. Broadbent, of London, of which half a drachm was injected into each lump with a hypodermic syringe.

22d.—A slough is forming in the centre of both nodules; these latter are much softer. Still reports pain in them.

29th.—The points of injection have thrown off their sloughs, are looking well, and are soft to the touch. Two or three more hard nodules are felt along the cicatrix for the first time. These are smaller than those already noticed.

31st.—The two first nodules were again injected by the same method. Less pain than before.

February 2d.—No marked change in the sternal lump; the one in the middle seems softer to the touch.

5th.—Reports a swelling in the right axilla, which is quite hard and painful. The nodules injected on the 31st inst. were again injected, as well as the one in the axilla.

7th.—Injected axillary swelling again to-day, which caused much pain. The others are painless and softening, with some tendency to slough in the centre.

12th.—The two sternal nodules are nearly gone; a small slough still left in one of them. The axillary one is enlarged and painful. On the 13th, the ulcers were dressed with lint dipped in acetic acid. From this date until the 21st, nothing worthy of notice occurred in the tumors, when it was recorded that the first set of nodules were softening, but that one fresh glandular enlargement was observed in the axilla. Same treatment continued. On the 24th, this axillary enlargement ulcerated, with but slight discharge. Similar treatment as the others, which was continued until March 3d, when, on account of the pain produced by the acid, which is more severe than ever, it was omitted, and simple cerate substituted.

I cannot state with certainty the result, as the woman eloped on the 13th inst., but on the day previous the following notes were recorded:—"One axillary enlargement has disappeared; the sternal ones are much softer; the other axillary nodule can be perceived only on careful investigation."

Remarks.—My reason for reporting these cases in detail is, that being among the earliest treated in the Hospital by this method, a full record, with the results even of but two cases, must be interesting to compare with Dr. Broadbent's cases. This gentleman, in a paper read before the British Medical Association in 1866 (Cancer, a new Method of Treatment), says:—"In considering the application of this treatment to various cases, there are two distinct results which may be aimed at: the yet uncertain effect last spoken of, arrest and withering of the tumor, or its death and removal."

Out of four cases reported by him, in two had the tumor disappeared entirely, while in the other two its growth had been modified only. To this latter class of cases the second one must, I think, belong, as there is no doubt that the nodules were sensibly affected by the treatment, while in the first one no change was effected.

Its modus operandi Dr. Broadbent considers to be rather by "solution than by sloughing or suppuration," rapidly dissolving the walls and modifying the nuclei of the cancer cells from permeation of the entire mass by the acid. From the two cases which have come under my notice, I should be inclined to consider sloughing as not unusual, and certainly in Dr. B.'s first case, as well as in one which occurred under the care of Mr. Alfred Cooper, the same process took place.

Ordinarily, when the acid is injected into the diseased mass, no pain is complained of, which does occur when it comes in contact with sound tissue.

One more point is worthy of notice, viz., that, even if the acid should enter the circulation, no evil results are to be apprehended.

Should further experience confirm the worth of this method, a valuable means of treatment for cancer, especially for those cases in which the use of the knife would not be admissible, will be added to our list of remedies.

THE FEVER THERMOMETER.

[Read before the North Bristol District Medical Society, March 13th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Nomus Paige, M.D., of Taunton.

I offer a few remarks upon the thermometry of disease, not presuming the subject to be new to any of you, but because I have employed the instrument considerably during the past few months, and believe it to be highly useful.

No reliable information of the heat of the body can be obtained without the thermometer, for the knowledge afforded by the mere sense of touch is so inaccurate, and the perceptions of the patient are often so fallacious, that any opinion founded upon them must possess but little if any scientific value. Some physicians have objected to the thermometer, urging that the expressions cool, moderately cool, warm, hot, pungent, &c., which are in such common use at the bedside, are sufficiently definite for practical purposes, and that the instrument is an unnecessary incumbrance.

But these objections are not weighty, for if even an approximate estimate of the heat of the skin is of any benefit to us it must be of far greater use to know its exact temperature. And I think that no one who strives to attain any degree of correctness in diagnosis would persist long in mere guessing if he possessed the means of measuring accurately. That we now possess this means, no one seems to doubt. The practical use of the thermometer is based upon the following pathological principles:—

1st. All febrile and inflammatory diseases are attended with a morbidly increased temperature of the body. Conversely, in non-febrile and non-inflammatory diseases the heat of the body is not morbidly increased.

2d. The temperature is morbidly increased in almost every case of acute disease.

3d. A continued variation from the normal temperature is a certain indication of disease.

4th. All diseases have their own typical range of temperature, any sudden deviation from which indicates either a dangerous severity or intercurrent complication.

5th. An important exception to the rule that in non-inflammatory diseases the heat is not above the normal standard, should be made in the class of tuberculous diseases. In this class the temperature is always morbidly increased during the stage of activity, and the type embraces a greater range and also less regularity than it does in most other diseases.

6. Variations in the frequency of the pulse and temperature of the skin are generally concurrent symptoms. But they may be neither contemporary nor proportional.

The average standard of health, taken by the thermometer in the axilla, is 98·4° Fahrenheit. A variation of one degree from this standard, under different circumstances of climate, exercise, &c., is consistent with a state of health; but a rise above 99·4°, or a fall below 97·4°, affords reliable evidence of disease. The highest altitude of which I find any record occurred in a case of pneumonia, and was 107·2°. The lowest was in the collapsed stage of cholera, and was 94·7°. In both instances the record was made a few hours before death. From this it is evident that the scale of defervescence is not large, as it embraces within a fatal maximum and minimum only 12·5°. And ordinarily the scale might be reduced to a variation of only ten degrees, as the cases above mentioned were very rare extremes.

The thermometer in general use is graduated from 80° to 112° Fahrenheit, with each degree subdivided into fractional halves. This extended scale renders it useful for other purposes in the sick room, such as regulating the temperature of liquid ingesta, baths and enemata. For estimating the heat of the skin, the bulb is to be placed in the axilla and retained from three to five minutes.

A sudden fall of the mercury is as grave a symptom as a sudden rise; neither of which, within the ordinary limits under favorable circumstances, need be considered a sign of serious import, and either of which, under unfavorable circumstances, should be considered a critical symptom. For instance, the oscillations of temperature so characteristic of intermittent and remittent fevers, also of the premonitory stage of other diseases, are not alarming symptoms. And the progressive decline of the mercury in the latter stage of any acute disease is a sure indication of convalescense. But when the deviation is not in accordance with the known type and stage of a given disease, and we find a high temperature where we expected a low one, or *vice versa*, it is an omen of danger, which should not be lightly evaded, for we may be sure that something is wrong.

In typhoid fever, the typical scale during the early stage is from 101° to 103·5°. Persistence at a higher altitude indicates a dangerous degree of severity. A sudden rise of several degrees, especially in the latter stage, is a sure sign of an inflammatory complication. A depression of four or five degrees indicates severe intestinal hæmorrhage. During the first few days of this disease it is often difficult, if not impossible, to diagnosticate with any degree of certainty, as the general symptoms are contradictory and possess no positive meaning. In such cases, if the thermometer indicates a permanent increase of three or four degrees, the existence of typhoid fever is highly probable.

[To be concluded.]

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 217.]

Eczema in the Adult.

Eczema in the adult presents the same elementary lesions as in the young subject. The same forms or varieties of this disease are met with in persons of all ages, although in those who have arrived at maturity, and more especially in those of advanced years, and where the complaint has acquired a chronic character, the infiltration of the derma is much greater and more persistent than in the young; so, also, are the œdema and the pruritus, together with the thick, dense incrustations or furfuraceous scales which sometimes remain as the relics, so to speak, of a former acute eczematous eruption that was perhaps wholly neglected, or but casually or blindly treated by some irresponsible individual. There are not a few cases, however, where the malady pursues the uncertain tenor of its way through a long series of years, with only occasional periods of respite, however judicious and protracted the treatment for its cure may have been. Especially is this the case where it affects the lower extremities of the aged.

The leading principles of treatment for all subjects are virtually the same, although the measures to be employed must necessarily vary according to the age of the patient, the temperament, the existing state of health, the extent and severity of the disease, and the region upon which it is developed.

In prescribing constitutional remedies, our first inquiry should be in regard to the condition of the alimentary canal. Throughout the entire administration of medicines, this should be kept in the best possible condition, whether the eruption is acute or chronic. If the bowels are costive, an aperient will be required, and should be repeated as occasion may demand. Small doses of sulphate of magnesia, or liberal draughts of the Congress Spring water, or the compound colocynth pill, will usually accomplish all needful purposes in this particular, especially if the diet be properly attended to. The following prescription is a favorite one with Mr. Milton, Surgeon to St. John's Hospital for Skin Diseases in London: ℞. Extracti hyoscyami, extracti colocynth. comp., āā ℈j.; pil. hydrargyri, sodæ carbonat., āā ℈ss. M. ft. pil. No. xij. Give one or two at night. If the patient is accustomed to the use of tobacco in any form, he should be persuaded to discontinue it.

The tincture of the chloride of iron is one of the best remedies for internal use. It may be prescribed in large doses well diluted, thus: ℞. Tincturæ ferri chloridi, ℥ ij.; syrupi zingiberis, ℥ ij.; aquæ fontanæ, ℥ iv. M. Dose, ʒ ij. three times a day, in half a gill of water. If the pruritus is severe, five drops of the tinctura aconiti radicis may be added to each dose of the iron, with good effect. This is a minimum quantity of the tincture of aconite for an adult. (The tincture made from the root is much stronger than that of the leaves, and the whole name of the one intended should be written in full.)

The liquor ammoniæ acetatis is a valuable remedial agent in all stages of eczema, but especially if there be any feverish habit on the patient. Two drachms mixed with about a gill of mint water, or sweetened water, make an agreeable drink, and may be taken three or four times a day. It acts favorably as a diuretic and diaphoretic, and thus relieves the hypertrophied condition of the cutaneous tissue. Effervescent draughts will also be useful, particularly in the acute stage of the eruption. The mistura ferri composita, the syrup of the iodide of iron, the citrate of iron and quinine, and cod-liver oil, will be found suitable tonics in a great many cases where the vitality of the general system requires to be invigorated. When the vital functions are in a normal state, and the cutaneous affection is attended with little or no exudation (and this is the fact with a large proportion of cases), then is the opportune moment to commence with some arsenical preparation with every probability of doing good with it. This nerve-tonic should be taken in immediate connection with the food, and should be given with great caution to the adult subject as well as to the young. We have no faith in heroic doses of this mineral. When given thus, we defeat the very object of its administration. The stomach or bowels, or pulmonary organs, are almost certain to be disturbed by its irritant qualities fretting their delicate mucous lining, which soon becomes wholly intolerant of its presence, and we are forced to abandon its use with perhaps no little distrust as to its curative powers in the very case where it would have been most appropriate and useful if employed in small quantities. Mr. Hunt, of London, a successful and learned practical dermatologist, long since advocated the employment of minute doses of arsenic and these only; such as two or three drops of Fowler's solution two or three times a day to an adult. We have frequently followed his suggestions with good results; and we never on any occasion prescribe beyond fifteen drops a day of Fowler's solution to the most robust individual.

There is another formula for the administration of arsenic of still greater potency, and with which we may succeed in curing chronic eczema, especially eczema squamosum, even after having been disappointed in regard to Fowler's solution. In fact, we now in most cases prescribe it for adults instead of the solution. We refer to what is termed the "Asiatic pill"—a combination of arsenious acid with black pepper, in the proportion of one part of the former to about eight of the latter. The formula which we prefer contains equal parts of the pepper and the extract of conium, as we think the last named ingredient gives additional security against any unpleasant griping of the bowels which might possibly be produced by the arsenic. ℞. Acidi arseniosi, grs. vij.; pulveris piperis nigri, extracti conii, āā ʒj. M. Divide in pilulas No. c. The dose is one pill every morning directly after breakfast, until the patient has taken fifty pills, afterwards one pill every other morning. Each of these pills contains one fourteenth of a grain of arsenious acid; and when prescribed in the manner directed, they will in very many cases exert a sovereign power over the disease, and thus prove their claim to our confidence when all other remedies have failed.

Local Treatment.

If the scalp is the seat of the eruption, the hair should be cut short, and kept so by the use of the scissors. The solution of the carbonate of soda, as mentioned in our remarks on infantile eczema, may then be applied and continued so long as it gives proof of doing good. In regard to this and the other local applications mentioned, no extended additional remarks need be offered in this place, for these external appliances are equally useful to persons of all ages who are similarly affected. If the eruption has continued for a long period and the scalp presents a brawny or furfuraceous surface, the following liniment can in a majority of cases be used advantageously: ℞. Olei olivæ camphorati, ℥ iij.; olei cadini, ʒ j.; unguenti hydrargyri nitratis, ℥ ss. M. Ft. linimentum. Signa. Shake before using. Two or three drachms of the above may be rubbed into the scalp somewhat briskly with a soft flannel, every night at bed time. Occasionally the diseased integument should be cleansed with the carbonate of soda solution, or with soap and warm water. The liniment will be found well adapted to any portion of the cutaneous membrane under similar circumstances, and where the eruption is quite limited in extent. If spread over a broad surface and followed up for some time, it might induce ptyalism.

What is familiarly known as "Hebra's Tincture" makes a valuable local dressing after the acute inflammation has been subdued, and when the infiltration is but slight. It may be applied twice a day. The formula for this remedy is as follows: R. Saponis mollis, picis, spiritus vini rectificati, āā ℥ j. It is necessary that the patient should wear a cap constantly while using this tincture, lest it should soil or even spoil any article of clothing or bedding that may come in contact with it. For these reasons some patients, especially fastidious females, refuse to use it.

If there is much exudation, thickening and infiltration, and the eczema occupies but a small surface, as the ears, the forehead, the face, hands, fingers, feet, etc., a solution of potassa fusa will prove an important local agent. The strength of the solution should be from half a drachm to a drachm of the caustic to an ounce of water. It should be applied by the medical attendant himself for a few times, at least until the patient learns how to use it. A small bit of rag should be saturated with the liquid and then passed rapidly over the surface. The pain is quite severe for the moment. A little warm water in a wash-bowl should be at hand, and the caustic should be instantly washed off with a soft linen rag. The pain continues but an instant. The part is to be wiped dry, and the benzoated zinc ointment thickly spread on lint should be put on to the surface that has been subjected to the potash. The process should be repeated every third or fourth day. If the eruption covers an extensive surface, a portion of it only should be dealt with in the manner here described, at any one time.

If the infiltration is slight, the aqua potassæ of the Pharmacopœia will answer quite well instead of the potassa fusa. It may be used freely once or twice each day, care being taken to remove any excess by means of warm water, if it produces severe smarting. The strength of the caustic applications may be reduced and employed less frequently, as the infiltration, itching and exudation diminish. They are not well adapted to individuals of nervous temperament, or to persons who are in feeble health or advanced in years.

Hydrocyanic acid in combination with other ingredients, is often beneficial in checking the unbearable itching which is one of the most constant and unmanageable attributes of chronic eczema. The following lotion is among the best. ℞. Acidi hydrocyanici diluti, ʒ j.; olei cadini, ℥ j.; saponis viridis, ℥ ij.; olei rosmarini, ʒ j.; aquæ fontanæ, ℥ vj. M. Signa. Shake before using. To be rubbed over any portion of the skin implicated in the disease, two or three times a day. Another: ℞. Acidi hydrocyanici diluti, ʒ j.; liquoris plumbi, ʒ iij.; glycerinæ, ℥ j.; emulsionis amygdalæ, ℥ vj. Ft. lotio. To be applied freely *pro re nata.*

When the eruption is quite limited in extent, topical applications constitute about all that need or can be done. Constitutional measures are certainly less demanded, and usually less efficacious than they are when the whole or nearly the whole surface is engaged. And as topical measures in the treatment are to be our chief reliance, they may be more potential than would otherwise be expedient.

The sulphate of zinc in the proportion of four or five grains to the ounce of water, applied with a camel's-hair pencil, will quiet the pruritus and promote the entire restoration of the part. The application may be repeated once or twice daily.

A solution of chloride of zinc, twenty grains to the ounce, is likewise an efficient lotion to small patches of the eruption. Both of these lotions may be used by the patient himself, and any excess may be washed off with warm water.

The cyanuret of mercury is likewise a beneficial application in the inveterate forms of eczema, when purely local and covering but a small area. ℞. Hydrargyri cyanuret, grs. vj.; glycerinæ, ʒ ij.; aquæ destillatæ, ℥ iv. M. Signa. Lotion. To be applied with a camel's-hair brush two or three times daily.

As a local remedy, creosote is entitled to favorable consideration, in many cases of chronic eczema. It is not suited to the eruption if there is serous discharge; but when there is much infiltration, pruritus and hypertrophy, and a scaly condition of the parts, it often acts very favorably. In presenting the claims of this article, we are reminded particularly of several cases of chronic eczema of the scrotum and perineum in which it was employed with the most beneficial results. It assuaged the most tormenting itching almost immediately, and ultimately restored the patients to a perfectly comfortable condition, without resort to any other local measures. The following is a suitable formula. ℞. Creosoti, ʒ j.; unguenti simplicis, ℥ ij. M. To be applied freely twice a day. The scrotum should be protected by a suspensory bag.

Glycerine makes a convenient vehicle also with which to combine the creosote, thus: ℞. Creosoti, ʒ j.; glycerinæ, ℥ ij. M. To be used like the preceding.

[To be continued.]

Reports of Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

(Conclued from page 359.)

FOURTH DAY.

Friday, May 10th, 1867. Dr. H. F. Askew, President, in the chair.

Drs. J. D. Staebler, J. P. Walker, and P. F. Maley, of Cincinnati, Ohio; Dr. G. M. Kellogg, of Keokuk, Iowa; Dr. A. J. Larey, of Mount Pleasant, Kansas; Dr. Wm. Marsden, of Quebec; Dr. John Dillard, of Lexington, Kentucky; Drs. S. S. Gray and A. S. Ashton, of Piqua, Ohio, were made members of the Association by invitation.

The Case of Dr. Hinkle.—A delegate presented papers involving charges against Dr. F. Hinkle, and asked that his name be stricken from the roll of members.

Dr. Atkinson, in presenting Dr. Hinkle's defence, moved a reference of the whole matter to the Committee of Medical Ethics.

The Chair ruled that the reference was out of order, and decided that Dr. Hinkle's name be erased.

Additional Delegates to the International Congress.—The following were, on motion, elected additional delegates to the International Medical Congress to be held at Paris next August:—Drs. Wilson Jewell, of Pennsylvania; Ninian Pinkney, U.S.N.; John Hart, of New York; and Charles A. Pope, of Missouri.

Dr. Hibberd, of Illinois, then presented the following, which was carried:—

WHEREAS, It has been officially announced that for the last two years the annual volume of the Transactions of this Association could be published only by the members of the Publication Committee becoming individually responsible for the cost of the same above the amount of funds in the treasury; and

Whereas, Such a condition of affairs is impolitic for the Association and unjust for the Committee; therefore

Resolved, That the Association does not expect the Committee on Publication to issue the volume of Transactions for the present year unless it can be done with the funds and the credit of the Association.

Dr. Hildreth submitted a resolution:—

"That a Committee on Ophthalmology be appointed to report at the next session." Adopted.

Drs. Joseph S. Hildreth, of Chicago, Illinois, Henry D. Noyes and Cornelius R. Agnew, of New York, were appointed said Committee.

The next Place of Meeting to be Washington, D. C.—Dr. Davis's resolutions regarding the next place of meeting, &c., were then ordered from the table.

Dr. Hammar suggested St. Louis, Mo., as having favorable claims for the consideration of the Association.

After a lively debate, during which several amendments to the original resolution were entertained, the motion finally prevailed in the following form:—

Resolved, That the next annual meeting of the American Medical Association shall be held in the City of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the City of Washington, or elsewhere, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its Sections.

Cultivation of the Cinchona Tree.—Dr. Atkinson read a communication from Dr. Henry F. Lyster, Secretary of the Wayne Co. (Mich.) Medical Society, requesting that some action be taken by the American Medical Association regarding the "introduction of the cinchona tree into the United States." For the sake of giving form to the discussion, he presented the subjoined :—

Resolved, That a committee of three be appointed by the Chair, whose duty it shall be to memorialize Congress relative to the cultivation of the cinchona tree. Carried.

Drs. J. M. Toner and F. Howard, of Washington, D. C., and Dr. C. A. Lee, of Poughkeepsie, N. Y., were appointed said committee.

Dr. Atkinson read by title a paper from Dr. E. Harris, of N. Y., upon the "Causes of Cholera." Also another by Dr. E. Krackowizer, on "Local Anæsthesia."

Dr. Davis, in view of the fact that the hour of adjournment was rapidly approaching, offered a resolution which he thought would meet all objections.

Resolved, That such papers and reports as the several Sections have not been able to act upon, be referred to a special committee of *three*, to examine and act upon in all respects as is required in the proper Sections. Carried.

The Committee as appointed consisted of Drs. N. S. Davis, D. H. Storer and C. A. Lee.

Dr. Harris's and Dr. Krackowizer's papers were then, on motion, referred to said committee.

Dr. Atkinson read by title "Synopsis of an Essay on the Contagion, Infection, Portability and Communicability of the Asiatic Cholera in its relations to Quarantine. With a brief history of its origin and course in Canada, from 1832. By Wm. Marsden, M.D."

Dr. Marsden made a few remarks in explanation of the objects, &c., of the paper.

Dr. Sayre moved to refer the paper to the Committee on Publication. Carried.

Alterations in the Plan of Organization.—The following was offered by Dr. Cox, of Maryland :—

Resolved, That a committee of five be appointed by the Chair to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868. Adopted.

Dss. C. C. Cox, J. M. Toner, W. B. Atkinson, J. J. Woodward and John Shrady, were appointed in accordance with the above.

Dr. Davis moved that the resolution referring Dr. Marsden's paper to the Committee of Publication be reconsidered. Carried.

The motion to refer said paper to the special committee as previously provided, was then carried.

Dr. B. Howard, of New York, owing to the absence of the Secretary, read the report of the Surgical Section, which, after some corrections, was accepted.

Cholera and Quarantine.—Dr. Charles A. Lee, of New York, then submitted the following resolutions, bearing upon the subject of cholera, which were adopted as the sense of the Convention:—

WHEREAS, it was declared by a vote of Congress, at its last session, that it is not within the constitutional powers of the General Government to establish a general and uniform system of quarantine for the different ports of the United States, and whereas, the cholera infection has been introduced into the United States, and did doubtless manifest itself in many of the cities, towns, and villages of our country during the past season, and

Whereas, the experience of the city of New York and other places, both at home and abroad, has demonstrated the efficacy of certain chemical disinfectants, especially *carbolic acid* and the *sulphate of iron*, in destroying or preventing the spread of cholera *virus*, it is hereby urgently recommended by this Association, that the attention of physicians of the United States be chiefly and constantly directed to the prompt and free use of such disinfectants wherever the cholera poison may show itself.

Resolved, That as the experience of Europe and the United States has satisfactorily shown that the cholera poison cannot be controlled or kept in check except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire Island of Sicily, and the entire coasts and frontier of Greece, during the recent cholera epidemic, and,

Whereas, there is no good reason to believe that the people of the United States would not submit to the enforcement of such prohibitory measures. and non-intercourse, as is necessary to hold the cholera-poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and boards of health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy, in the same dwelling; the inspection and regulation of tenement houses; the provision of nurses, hospitals, and competent physicians for the sick poor, who may be attacked; provision for the early burial of the dead; the separation of the corpses from the living; and the prohibition of the custom of waking the dead, and all other measures which have been found necessary to control the progress of the disease.

Resolved, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind, while it reveals the exact extent of the danger, robs it of the hold of alarm and fear, with which the imagination surrounds indefinite pestilence, walking abroad by noon-day.

Dr. H. R. Storer read the minutes of the section on Psychology, which were, on motion, referred to the Committee on Publication.

The reports of the section on Practical Medicine, and on Meteorology, were read and disposed of in like manner.

The Committee on Nominations submitted their report as amended. The changes are:—*Committee of Arrangements*—Drs. Grafton Tyler (Chairman), William P. Johnson, F. Howard, William Maybury, Lewis Mackall, T. F. Many, J. M. Toner. *Assistant Secretary*—J. W. H. Lovejoy. Added to *Committee on Necrology*—Dr. Samuel Willey, of Minnesota, and Dr. Samuel M. Welch, of Galveston, Texas.

Remuneration of Permanent Secretary.—Dr. M. A. Pallen presented the subjoined:—

WHEREAS, it was the intention of the resolution originally introduced, creating the office of Permanent Secretary, to pay said officer a certain sum annually, as a salary for services as such; and whereas, Dr. William B. Atkinson, our present efficient and urbane Secretary, has never received any money whatsoever in payment of said services, therefore be it

Resolved, That the Permanent Secretary hereafter, and from this date, be authorized to draw a warrant upon the Treasurer for the expenses incurred in his attending each meeting of the Association, and that the Treasurer is hereby instructed to pay the same. Unanimously adopted.

Dr. Atlee moved that the thanks of the Association be tendered to the Permanent Secretary for past services. Carried.

The Annual Assessment.—Dr. Toner proposed the following, which includes an article of the Constitution, with the amendments added :—The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the Transactions. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed Transactions, the same as delegates. Referred, after an animated debate, to Committee on Revision of the Constitution and By-Laws.

Dr. Hibberd asked that Dr. H. R. Storer be permitted to use, in the preparation of a paper, certain matter previously presented by himself to the Association. Permission granted.

Votes of thanks to various railroad companies, and others, for courtesies extended the Association, were then passed.

Dr. Hibberd's resolutions, regarding the use of unofficinal preparations, and the relations between the profession and the venders of nostrums, were then called up.

Dr. Post called attention to the proper distinctions between the terms "unofficinal" and "magisterial."

Dr. Cox, as an amendment, desired to insert after *manufacturing*, the words "advertising or selling quack medicines or nostrums." Lost.

Dr. Bibbins moved the reference of the whole subject to the Committee on Revision of the Constitution, &c. Carried.

Female Education again.—Dr. Atlee then pressed his resolutions on the subject of female medical education. A motion to take them from the table was carried by a vote of 56 to 52.

Dr. Pallen, of Missouri, was opposed to the discussion of the subject. Women were not by nature fitted for the practice of medicine. It had been tried in Europe, and had proved an utter failure. Ladies possessed of any delicacy could not acquire the proper amount of knowledge. Imagine a young lady, with gigantic chignon and garbed in silks, entering the charnel-house, and bending over a corpse, microscope in hand, searching for cancer cells, &c. &c.

Dr. Davis thought the discussion of the subject, at this time, would only furnish newspaper gossips with a topic, and could do no possible good. He therefore moved to refer the whole subject to the Committhe on Medical Ethics.

Dr. Bowditch, of Mass., was opposed to this way of disposing of such an important matter. He had moved yesterday to lay the resolutions on the table, simply because he thought the Convention was not then prepared to act upon them. The question had nothing to do with the laws of nature or the manner in which ladies were to acquire the proper amount of knowledge. The question was simply whether or not they should be recognized when they *had* acquired that knowledge, as many of them undoubtedly had. The Doctor mentioned several instances in which the practice of medicine by lady physicians had been attended with great success.

Dr. Davis's motion to refer to Committee on Medical Ethics was carried by a large majority.

Dr. Hibberd moved that Dr. Theophilus Parvin, of Indiana, be appointed to render a special report on the Surgical Diseases of Women, at the next annual meeting. Adopted.

A vote of thanks was tendered to Mr. F. Hopkins for the free use of his hall.

A communication from Dr. J. Homberger, expressing his desire to resign from the Association, was received, and finally referred to Committee on Medical Ethics.

The Provision for Chronic Insane.—After a resolution, offered by Dr. S. C. Hughes, thanking the Press for impartial reports of the proceedings, Dr. C. A. Lee read the following :—

Resolved, That providing for the poor chronic insane in the jails and almshouses of our country, as at present practised in nearly all the States of the Union, is a gross violation of the laws of humanity, and contrary to the Divine injunction of "doing to others as we would be done by."

Resolved, That where the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well-planned, and well-ventilated, but comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labor, and would be benefited by light and regulated employment, may be suitably accommodated and properly cared for.

Resolved, That the example of Massachusetts in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will greatly subserve the interests of the insane generally.

Resolved, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties. Adopted.

Dr. Bibbins moved to refer to a special committee of five, to report at the next annual meeting. Carried.

Drs. C. A. Lee, New York ; Guntry, Ohio ; John Fonerdin ; Walker, Mass. ; Chipley, Kentucky, were appointed said committee.

The late Surgeon C. S. Tripler, U.S.A.—Dr. Cox submitted the following resolutions, which were unanimously adopted :—

Resolved, That in the loss of Surgeon Charles S. Tripler, U.S.A., who died in this city since the last meeting of the Association, the profession throughout the country, the Army of the United States, and the Society especially, have experienced a serious loss.

Resolved, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

Resolved, That the condolence and sympathies of this Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions.

Dr. Davis moved that the committee charged with procuring suitable accommodations for the Association meetings in the Smithsonian Institution, in Washington, D. C., be continued. Carried.

Dr. Alden March, of New York, offered the following:—

Resolved, That the thanks of the Association are due, and are hereby tendered to the President and retiring officers for the ability, impartiality and courtesy manifested in the discharge of their arduous duties. Carried.

Dr. Cox moved that the surplus copies of the Transactions of the Association not yet out of print, be sent to the Secretaries of similar organizations in exchange for the volumes published by their own bodies. Carried.

Dr. Hughes presented the following:—

Resolved, That those members of the Association who have contributed to the amount of five dollars to the publishing of future Transactions, shall be entitled to any back volume of the Transactions to the amount of same, as they may want. Carried.

After the passage of several votes of thanks, the meeting adjourned at two, P.M., to meet at the time and place previously designated.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 6, 1867.

MEDICAL EDUCATION.

The vast importance of thoroughness in the preparatory training of candidates for medical practice can hardly be overestimated; and yet, important as it is for the welfare of the whole community, the latter really possess no adequate knowledge of the amount of this training which the men have received to whom they entrust the sacred responsibility of the care of the public health. Neither of the other, so-called, learned professions stands so completely in the dark in this respect as the medical. The Pulpit, the Bar, the various professions connected with practical science, all of them stand in a position in daily practice in which the public is capable in a very great degree of judging of the positive attainments of their members. With the medical profession the case is far otherwise. The practical test is wanting. The very men who may command the widest influence may be those who in reality deserve it the least, either for their acquirements or positive skill. It is all the more important, then, that those who have charge of our medical schools should feel the great responsibility resting upon them, of honest, impartial performance of their grave duties, in order that the public may be protected from the dangers inseparable from a blind confidence in unworthy men. In justice to the teachers of most of our medical schools, we would say, that we believe, as a class, they are actuated by the highest motives in the management of the trust confided to them. Doubtless there are schools where personal considerations have an undue weight, and which are doing more harm than good by their insufficient teaching, accompanied as it is by extravagant pretensions; but these are the exceptions.

With some such feelings as these in our minds, we read with great interest the report of the recent meeting of medical teachers in Cincinnati, which we have already published. It must have struck every one, we think, that this is a movement in the right direction. The want of a uniform system in the numerous medical schools in the United States, and the vast difference in the fitness for practice in the graduates of different schools, has long been painfully and humiliatingly felt. It is indeed hard for a man who has spent three or four years in faithful study in one of our larger schools, perhaps devoted a year of incessant labor, risking his life it may be, in the arduous duties of a pupil in some one of our city hospitals—it is very hard for such a man to feel that he has earned no higher title to public confidence than one who has paid for two courses of lectures in some obscure school, without any clinical advantages whatever, and that the community sets at precisely the same value the M.D. which to him is a badge of honor fairly earned, and the other, which is no test of qualification at all.

We very well know that the difficulties in the way of correcting this evil are enormous, and seem almost insurmountable. Nevertheless something, we hope a good deal, may be done by a sound opinion on the subject in the medical profession at large, by not allowing things to take their course, but by constantly keeping before their minds the difference between a complete and an incomplete medical education, by active enterprise on the part of the leading schools to keep up with the progress of medical science, never resting upon their oars and allowing the stream to pass by.

We were much pleased in the propositions adopted by the Teachers' Convention, with the emphasis given to the importance of a thorough preliminary education; although we regretted to see that a preparatory rudimentary knowledge of the natural sciences was struck out from the requirements of the original plan. This we consider a very great mistake, for it is a want of this very preliminary knowledge, which is not replaced in the ordinary curriculum of the medical schools, which is so often lamentably evident in medical practitioners. We cannot cheapen our educational standing without sacrificing our right to public confidence. As conductors of a medical journal, we are in a position to say, that our opportunities only too often remind us how much this condition is disregarded. We hold it as incontrovertible that without such a preparation no man, except one of uncommon genius, is fitted for our profession; this training is absolutely essential for the intellectual fitness of those who undertake the study of medicine. As well might it be expected that the untrained and clumsy muscles of a rustic can be converted by a few lessons into the elastic and sinewy form of an acrobat, as that the chaotic brain of every ambitious simpleton who sees a halo of glory surrounding the title of M.D. should be ready at once for the reception of the subtle truths, or the discussion of the difficult problems, which make our profession one of lifelong study.. It is greatly to be desired that some even more rigid test of fitness could be employed by which the dunces and obviously unsuitable aspirants for medical honors could be stopped at the threshold and forever barred from passing within the temple of medical science; but this is too much to hope for. The nearest approach to such a consummation, then, is the requirement of a thorough preliminary training in applicants for matriculation;

and (what is no less important) a faithful, honest exercise of their power in excluding all unsuitable candidates, utterly regardless of personal considerations, on the part of medical teachers themselves; a power, we must say, which at the present time is too often allowed to lie dormant. Our limits forbid us to pursue the subject further on the present occasion, although we have barely entered on its discussion.

Annual Meeting of the Massachusetts Medical Society.—The session of the first day, on the 4th inst., was well attended, and the readers of the various papers had a good audience. The programme which we have already given was varied by the substitution by Dr. Clark of a paper on the Contagiousness of Cholera, and by Dr. White of a sketch of the most recent theories on Syphilis, in place of those assigned in the programme to these gentlemen. We think it is a mistake to make such changes, as many of the audience are without doubt attracted by the special subjects previously announced. Dr. Coggswell, of Bradford, whose name was on the list of readers, was kept at home by professional engagements. The Councillors held their annual meeting in the evening, and the following gentlemen were elected officers for 1867–68:—*President*—Dr. Henry C. Perkins, of Newburyport. *Vice President*—Dr. Foster Hooper, of Fall River. *Recording Secretary*—Dr. Calvin G. Page, of Boston, Dr. Cheever having declined a reelection. *Recording Secretary*—Dr. Charles D. Homans, of Boston. *Treasurer*—Dr. Francis Minot, of Boston.

After adjournment, the Councillors were hospitably entertained by Dr. Henry W. Williams at his residence in Arlington Street.

The prize offered for the best essay on Expectant Medicine was not awarded by the Committee. But one essay was received, and that was not considered up to the standard required. The author will have it returned to him on application to the late Secretary of the Society, Dr. David W. Cheever, of Boston.

Monument to Laennec.—The sum of twenty thousand francs has been raised in France for the erection of a monument to Laennec, the founder of the science of auscultation. This sum is said by the commission who have the subject in charge to be sufficient for a monument worthy of him and of France. No special effort has been made to obtain subscriptions outside of France, but sums have been received from the Medico-Chirurgical Society of London, and subscriptions are looked for from the medical societies of Ireland and Scotland, and also from the profession in Austria and Prussia. Our own country ought not to be without representation on the subscription list, for surely no more worthy name adorns the annals of medical science than that of Laennec. The monument, which is a statue of this illustrious man, was modelled by Lequesne, cast by Ducel, and is now on exhibition at the Paris *Exposition.* The ceremony of inauguration will take place in the latter part of May, 1868.

The Davidson Syringe for Cleansing the Ear. MESSRS. EDITORS,—The ear douche described by Dr. Edward H. Clarke, in last week's JOURNAL, recals what I have used for several years, and what I presumed was used generally by aurists, namely, Davidson's enema syringe, for cleansing the external ear of secretions or excretions. The instrument, as is known, consists of an elastic bulb fitted with valves, so that when squeezed in the hand the water is forced out at one end, through some fifteen inches of elastic pipe; relaxing the pressure allows the water to be sucked up through the other end by a similar pipe. To use it for the ear, we attach the small nozzle which comes with it, intended for children. Allowing the suction pipe to lie in a pitcher of warm water on the table, we hold the bulb in the left hand, and with the right, or thumb and forefinger of the left, direct the nozzle into the ear. In the latter case, we have the right hand free to hold the water receiver, if the patient can't or won't, or with forceps to assist the exit of wax, &c. I find this method neat and cleanly, saving much time, and easily used by those in care of the patient, such an instrument being now found in nearly every family where there are children. From the elasticity of the piping, the stream can be made almost continuous. Of course as much force cannot be obtained with it as with a large syringe, to expel foreign bodies for instance, but by the pressure of the hand the force can be graduated at will. During the last three months, at the Eye and Ear Infirmary, I have used one in some two hundred cases, saving much time and slopping about of water, and what besides is of considerable importance, sparing fatigue to the hands.

Boston, June 3, 1867. B. JOY JEFFRIES, M.D.

Ear Douche. MESSRS. EDITORS,—I contrived some months since, and now have in my medicine-trunk, almost a *fac simile* of Dr. Clarke's "ear douche," described in the JOURNAL for May 30, 1867. I have used it not only for the *ear*, but also with equal satisfaction for the *rectum* and *vagina;* and I am confident that a syringe, constructed on this principle of hydrostatic pressure, with nozzles of course appropriately adapted to the different apertures of the body, will supersede every previous invention of the kind. We may bid farewell to the valve-stickings, leakings, pumpings and squeezings of the past, and have something which will operate as beautifully as a fountain. The "flexible tube" should be four or five feet long, for the sake of greater force in certain cases; and the "glass jar" should be a tin box, with cover, that it may serve as a convenient receptacle to contain the tube and nozzles when not in use.

The above is communicated with the hope that our friends, Messrs. Codman & Shurtleff, or some other enterprising firm, may be induced to furnish us *one* good syringe of varied application, and thereby save us the trouble and expense of so many different instruments. Yours truly, L. L. SCAMMELL.

Hopkinton, June 1, 1867.

Obituary.—Dr. Jonathan M. Allen died in Lowell, at the house of his brother, Dr. Nathan Allen, on the 6th of April, of congestion of the lungs, with which he was seized six days before. He had long suffered from disease of the heart. His age was about 50. Dr. Allen was born in Princeton, in this State, in the year 1815, and, in early life, enjoyed only the advantages of a common school education in that quiet agricultural town. Having a great thirst for knowledge, he fitted for college at Amherst Academy, and entered Yale College in 1834. In 1838, he went to Philadelphia to prosecute medical studies and attend lectures. In 1840, he graduated at the University of Pennsylvania, and immediately became a teacher and lecturer on Anatomy connected with a private institution, where for years he had constantly over a hundred medical students under his instruction. Afterwards he occupied for several years the place of Demonstrator of Anatomy in the Jefferson Medical College, and from there he passed to the Professorship of Anatomy and Physiology in the Pennsylvania Medical College, which post he held seven or eight years. During this time he prepared and published the *American Medical Dissector*, a work extensively used as a text-book by medical students.

Dr. Allen not only excelled in medical sciences, but was an original thinker on moral and religious subjects, and well versed in literature, philosophy and history. Had his life and health been spared, the world would have been benefited by his labors and influence. His death is therefore a loss not only to his friends and relatives, but to the world generally.—*Abridged from Lowell Daily Citizen and News.*

Public Bathing Houses.—The number of public bathing houses is increased this season by six, making twelve in all, four of which will be for the exclusive accommodation of women and girls at all hours of the day and evening. This will greatly contribute to the comfort of working-women, a class not sufficiently accommodated last year. These establishments are located at Warren Bridge, Sectional Dock at East Boston, foot of Broadway at South Boston, and Dover Street bridge. The additional houses for males will be at Cragie's and Mt. Washington Avenue bridges. The women's baths will be under the superintendence of women, and will be made attractive to the most fastidious. Last year parties of ladies in carriages from distant sections of the city regularly visited the South Boston beach establishment, and this season the number of such bathers will doubtless be increased.

The Prussian papers mention a new plan for the care of the wounded on a field of battle, which was tried during the war, and has now been definitely adopted. Every surgeon is to be provided with a pocket-book containing a pencil and a number of labels (like those sold for luggage apparently), with a string at one end. After attending to a wounded man, the surgeon writes on one of these labels the name of the wound and what he has done to it, signs the label, and ties it to the wounded man's button-hole. Thus the man can be carried at once by the hospital attendants to the proper place, and the surgeon to whom he is brought can learn in a moment the state of his wound, and proceed to dress it.

An ordinance of the city of Zanesville, Ohio, requires that a license shall be obtained by all transient or travelling doctors or physicians plying their vocation in the city, for which each applicant shall pay the sum of five dollars for each day he proposes to remain there: and if a further stay is made, a new license must be obtained at the same rate. Non-compliance with the ordinance subjects the offender to the penalty of ten dollars for each day he shall have practised without a license.

We are indebted to the New York *Medical Record* for the report of the last day's proceedings of the American Medical Association, as the one which we had received contained some important omissions.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, June 1st, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	52	32	84
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.1	35.9	78.0
Average corrected to increased population - - - -	00	00	86.87
Deaths of persons above 90 - - - - - - -	0	0	0

Communications Received.—" Examination of the External Auditory Passage."

Married,—At Newtonville, George B. Sawtelle, M.D., of Malden, to Miss Eugenia Coolidge, of Newtonville.

Deaths in Boston for the week ending Saturday noon, June 1st, 84. Males, 52—Females, 32. Accident, 2—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 4—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 3—cancer, 1—cholera morbus, 1—consumption, 11—convulsions, 3—croup, 1—diarrhœa, 3—dropsy, 2—dropsy of the brain, 4—drowned, 3—dysentery, 1—scarlet fever, 6—typhoid fever, 1—gangrene, 1—gastritis, 1—disease of the heart, 2—indigestion, 1—infantile disease, 2—disease of the kidneys, 1—congestion of the lungs, 2—inflammation of the lungs, 5—measles, 1—old age, 1—premature birth, 2—smallpox, 6—syphilis, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 35—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 62—Ireland, 16—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. GEORGE H. GAY.—NO. VII.

Strangulated Hernia; Operation: Recovery. Gun-shot Wound of Back; Removal of Ball from within the Sacrum; Recovery. Fracture of the Spine; Recovery.

Reported by Mr. H. P. Quincy.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—*Strangulated Hernia; Operation; Recovery.*—E. R., native of Ireland, single, 18 years of age, was admitted into the Hospital Dec. 8th, 1866. Patient tells a very irregular story about herself. It seems that there has been a swelling for two or three years in the usual situation of femoral hernia of the right leg; sometimes a little smaller, but never entirely disappearing. Patient is decided on this point. She hinted at an increase of pain and swelling at her menstrual periods. Her attention was attracted to this swelling on Friday at noon, on account of pain, swelling and tenderness, similar to what she has had previously, only greater in degree.

At the first examination, on Friday night, a rounded swelling, the size of an English walnut, was seen in the usual situation of femoral hernia, felt distinctly below Poupart's ligament, and in a measure compressible from side to side. Taxis was not persevered in, on account of the tenderness. No constitutional symptoms present. No fever, rapidity of pulse, abdominal tenderness, swelling, nausea or vomiting. Patient has been in the habit of going three or four weeks without an operation of the bowels. Last operation was nine days ago. Catamenia generally regular, without pain. Last catamenia twenty-six days ago. Had taken six drachms of Tarrant's aperient without effect. Slept poorly on Friday night, on account of pain in the swelling, which was undoubtedly intestinal. During Saturday, pain about the same, with a feeling at times of nausea. Swelling about the same.

Dec. 9th.—Last night had free operation from bowels after enema. Had some pain, and took opiates. Generally comfortable. Free from any complaint, except in the swelling. A little blush of redness on and in the neighborhood of swelling, with some œdema, but with no increase of tenderness. Dr. Gay came to the hospital with the intention of cutting down on the mass. A consultation was held, and the decision was adverse to any operation, on account of the very free discharge from the bowels after enema, and the absence of any fulness of the bowel. Flaxseed poultice. Opiates p. r. n. Liquid farinaceous diet.

Dec. 10th.—Catamenia present, but causing no additional pain or soreness in swelling.

15th.—For the last few days general condition the same. Fluctuation and bubbling evident in the swelling.

17th.—No abdominal or constitutional disturbance. No complaint except in swelling, which is diffused, extending from two thirds of lower surface of Poupart's ligament inwards to labium. Fluctuation evident. Crepitation not so distinct as yesterday. Patient having been etherized, an incision four inches in length, nearly parallel with Poupart's ligament, was made from the outer portion of the swelling to labium. A very large quantity of thick, greenish-yellow, fœtid-smelling pus was discharged, with masses of gangrened tissue. A roundish mass was felt united to the femoral opening, firm to the touch, nearly the size of a shagbark nut. On further examination, a portion of a covering was traced, in all probability the sac, and then a fatty mass—the omentum. In the centre of this, a greenish membranous strip, strong enough to be drawn upon by forceps, and two or three inches in length. This mass was about as large round as a common lead pencil. Along the side of this mass, which appeared to be in the femoral ring, a director passed into the abdomen. This mass, when completely stretched and spread out, in its gross appearance certainly looked like intestine. On microscopic examination, by Dr. Ellis, "nothing was seen but white, wavy, fibrous tissue."

18th.—Abdomen tense, tympanitic, tender and painful. Wound looks sloughy and gangrenous, with fœtid discharge; at times, by report of nurse, smelling fæcal. No decided fæces seen.

20th.—Countenance anxious. Had a chill during the night. Abdomen not so tympanitic, but the right half very tender.

21st.—Had three attacks of retching and vomiting last evening. Countenance anxious. Eyes sunken. Abdomen pretty soft; tenderness much less. Wound clean.

23d.—General condition much better. Small slough removed from wound.

24th.—Not so well. Countenance anxious and distressed. Complains of pain and tenderness just above pubes on right side, extending from the region of the cœcum upwards along the direction of the ascending colon.

25th.—Discharge on poultice was of the color and smell of fæcal matter.

Dec. 29th.—There has been more or less discharge of fæcal matter on the poultice for the last few days. General condition better.

Jan. 1st.—Free discharge from enema. Also a free discharge of fæcal matter from the wound during the night.

16th.—After taking five grains of compound colocynth pill, repeated for three nights, had a free discharge from the bowels. After repeating the recipe, had another free discharge. Much better. Sitting up.

Feb. 10th.—About the ward. Wound nearly healed.

18th.—One or two dejections daily. Bowels in a better condition than when she entered the hospital. The wound was completely filled with granulations, but not entirely cicatrized.

Remarks.—The case was one where no connected history could be obtained from the patient, as she continually contradicted herself as to whether there was a swelling constantly or occasionally. When seen for the first time, although she had had no operation for nine days, she complained only of great pain in the swelling, accompanied with no constitutional symptoms. Although she was under observation for ten days, still there were no constitutional symptoms; and the operation was performed because there was evidence of pus, and the erysipelatous and cellular inflammation were increasing.

The gross appearances of the flattened membranous strip rendered it somewhat doubtful whether it was intestine or not. But from the symptoms afterwards, it was undoubtedly intestine; the fæcal matter did not escape from the bowel externally till the gangrened portion had entirely separated.

The rapidity with which this artificial anus closed was remarkable, and it was attended with no annoying symptoms. When the patient left the hospital, her bowels were in a much better and more regular condition than before.

Case II.—*Gun-shot Wound of the Back; Operation; Recovery.*—A. F. A., naval officer, at the attack on Fort Fisher, Jan. 15th, 1865, received three wounds. When within forty yards of the parapet, thirty-eight feet high, he was struck by a ball in the right leg, inflicting a flesh wound. He was also struck by a ball in the left groin, which passed through his body and caused him to fall upon his face, in which position he received a shot in the right lumbar region, the wound of which is parallel to the vertebræ. He arrived, five days after receiving these wounds, at the Portsmouth Hospital, Virginia, where they were dressed for the first time, he having kept them wet with water himself in the meantime. The wound in the back was reported as caused by a glance shot, and dressed with simple cerate. The other wounds healed in about two months. He remained at the hospital three months. Returned to his home, where he remained fourteen months, having his wound syringed out, with great relief. Seven months later, the ball was touched with a Nélaton probe, and found to be $10\frac{7}{8}$ inches from the opening. For the first six months, small pieces of bone came away from the wound in the back. Eleven months after receiving the wound, he began to suffer great pain in the region of the sacrum, internally, as though an abscess was forming. Six months after, being advised to have an operation performed, he went to the Brooklyn Naval Hospital, where he remained nine months. Five months after entrance, and four months ago, the abscess broke into the rectum, giving great relief, discharging freely all the time, up to date of entrance into the Massachusetts General Hospital—the amount of discharge lately being two to three ounces daily. The wound and sinus had been examined by many naval and civil surgeons.

The situation of the wound is seen in the cicatrix, in the right lumbar region, running parallel with the vertebral column, three and a quarter inches long and an inch and a half wide, and situated three and a half inches from the vertebræ and two inches from the crest of the ilium. At the lower extremity of this cicatrix is a slightly raised granulating surface, not much larger than a pea, in the centre of which is an opening out of which pus is constantly discharging. A porcelain knobbed, wire probe introduced into this opening passed easily downwards and inwards till it reached the internal projection of the ilium, where there was a slight obstruction, which the flexible character of the probe soon rode over, and again passed obliquely downwards and towards the median line, and then with some difficulty passed over a ridge of the sacrum and soon came upon something that felt like denuded bone. Once or twice, in introducing the probe, it was thought that denuded bone was touched about the ilium. No loose fragments of bone could be touched at any point. By measurement, the end of the probe was ten inches from the wound of the back, when denuded bone or a foreign substance was touched. On withdrawing the probe, no lead mark could be detected. It was again passed to the same spot, when the patient said that it would go no further. On pushing it as well as was possible at that distance in the irregular sinus, the probe made a turn to the left side, struck upon a foreign substance, and could be rubbed up and down against it, the patient at the same time saying that he felt a pain on the left side, along the inner extremity of the sacrum and coccyx. By deep pressure externally on the soft parts in the vicinity of the anus, nothing like the end of the probe, nor any impulse, could be felt. On withdrawing the probe, there was a distinct, irregular black mark, evidently from lead, upon the *side*, but nothing upon the *end*, of the porcelain ball.

There was now every indication that the ball had been touched, and that it was situated upon the left side of the median line, and beyond the spot of the denuded bone tapped or hit by the probe. The distance of the extremity of the probe from the back wound was eleven inches.

The irregularity of the sinus, its small calibre and great length presented sufficient reasons why no attempt would be feasible or judicious to extract the ball by that passage.

The patient was now thoroughly etherized, and placed in the lithotomy position, in order to see what information could be gained by a rectal exploration. On introducing an anal speculum and opening its blades, a dirty, brown-yellow pus, to the amount of an ounce or more, immediately flowed out. After carefully sponging the interior of the rectum, two irregular superficial ulcerations were seen posteriorly, just within the border of the anus. No sign of an opening could be seen in any direction. The porcelain probe was again passed into the back wound, as far as it would go, and then along side of it a flexible catheter. Milk was then thrown through the catheter, which, with the very great assistance of a bright sunlight, was seen coming in a very small stream into the rectum through an opening about the size of a knitting needle, situated on the right side of the median line, and about three inches from the anus. A small probe was insinuated into this opening, while the milk was flowing, and after passing it a little distance it touched the other probe, introduced from the wound in the back. Another probe was passed along the side of the one in the bowel, and a third one was wedged between the two, so that gradually the opening was enlarged sufficient to admit a common polypus forceps. Pus, but not offensive, now escaped from the enlarged opening. The porcelain probe was again touched by the polypus forceps, and some denuded bone was felt, but no loose fragments nor ball. By opening forcibly the blades of the forceps, an aperture was made, so that in a short time the forefinger could be introduced after drawing down the intestine. With great difficulty the finger was further forced through a small sinus, with unyielding, indurated walls, till it came to a cavity, at the end of which it touched denuded bone.

The course of the right forefinger was upward from the anus to the opening, then curved and straight backward at a right angle to the denuded bone; there was a cavity on the right side of the median line, the walls of which and the bone were felt with the end of the finger. The left forefinger was then introduced and passed to some distance to the left of the median line, and on curving it downward and forward the ball was felt, packed tightly and transversely across the coccyx. The end of the finger could just reach it, but could not move or displace it. Different instruments were then employed, but all for a time slipped over the presenting surface. No amount of pressure upon the ball caused any prominence or impulse externally. Further attempts were made to seize the ball, and at last, by a well directed movement of a strong curved scoop, it was raised out of its bed, and easily removed with a pair of polypus forceps. It was an elongated conical ball, weighing an ounce. Water dressing. Half a grain of opium every four hours; one grain of opium at night.

March 16th.—Slept well; very little pain. Had slight chill yesterday afternoon. The sinus was syringed out by means of a flexible catheter introduced into the wound of the back, and the discharge allowed to escape per anum.

19th.—There is a small discharge of laudable pus from the opening in the back; also an escape of air, which patient had noticed before the operation. Fine pieces of bone were seen in the discharge from the anus.

21st.—Syringing omitted, on account of its causing pain. Laudable pus discharged through the anus. A piece of bone, of the size of a pea, came away.

23d.—Had a free movement of the bowels without cathartic, causing much pain.

25th.—Has free operation of the bowels daily, with very little pain. Free discharge of pus from lower opening; but slight discharge from upper. Opium omitted.

26th.—On examination, the opening was found two and a half inches from the sinus, and so much contracted that it was not thought advisable to force the finger into it.

28th.—As there was some soreness and swelling around the opening in the back, it was laid open, and the edges kept apart by lint.

April 4th.—On examination, the sub-rectal hardness and swelling had become very much less. The opening into the bowel was not larger than a pea.

Reports that he is in better health in every way than at any time since injury. Appetite good. Bowels regular, with no indication of any fæcal matter passing into this opening of the bowel, the purulent discharge never showing any fæcal discoloration. The discharge from bowel, by report of patient, is fully two thirds less than before the operation. Has gained flesh and strength, and is able to walk about with much less discomfort in every way than at any time since the injury. Wound of back looks and granulates well; the edges well kept apart by lint. Still a little escape of air from wound in the back, probably from the communication of the lower end of sinus with the bowel.

Case III.—*Fracture of the Spine; Recovery.*—O. S., seaman, fell from the masthead to the deck, a distance of sixty feet, striking on his back. He entered the hospital Sept. 19th, one hour after the accident, and complained of great pain in his back and difficulty of breathing. The back was bowed in such a manner as though the bodies of the vertebræ were broken anteriorly. Over the sacrum the integument was swollen and ecchymosed. Complained of great pain in the left ankle and foot, which were somewhat swollen. Able to move his legs. Sensation good. Was put to bed in as comfortable a position as possible, on his back. Water drawn with catheter. No priapism.

Sept. 20th.—Pulse 96. Complains of great pain across his breast.

Refers the pain in his back to the region of the sacrum. Both extremities natural, as far as motion and sensation are concerned. Still complains of pain in left foot and ankle. A compress, wet with laudanum and water, was placed on foot and ankle. Bladder not very full. Has had no dejection. A catheter was introduced and allowed to remain. Twelve leeches were applied to the back on either side of the spine.

21st.—Pulse 112. Motion and sensibility of legs still good. Great pain in left foot and ankle. Back looks better. Compress wet with laudanum and water, and covered with oil-silk, was applied to back. As the catheter caused so much pain, it was removed. The urine was drawn three times during the day; of normal character. No dejection.

22d.—Motion and sensation of legs good. Still complains of pain on passing catheter. Has had two free, loose discharges, and one involuntary, during the night, after two cathartics and an enema.

23d.—Urine has to be drawn much oftener, and is cloudy. Still complains of pain in left foot and ankle.

24th.—Has a frequent desire to pass water, but is unable to do so. A small-sized catheter was introduced and allowed to remain. Has had no priapism. There is a tender spot at the lower dorsal vertebra on deep pressure, and also a feeling of hard prominence, with depression.

25th.—No apparent less of power or sensation in lower extremities. Still complains of pain in left foot and ankle. The point of tenderness is between the last dorsal and first lumbar vertebra. No crepitus can be distinguished. Six leeches were applied over the last dorsal vertebra, and six over the sacrum.

26th.—Has had no dejection for four days.

27th.—Had six dejections after taking cathartic. Feels much better to-day.

Oct. 4th.—Complains of very little pain. Can move himself about in bed. Can pass his water without catheter, but has scalding pain along urethra during micturition.

8th.—Is able to sit up with some help. In doing so the posterior curvature, beginning three inches below scapulæ and extending to a line with the upper edge of the ilium, is plainly seen without any distinct local depression or prominence. No particular local pain on pressure. Urine ammoniacal.

17th.—Sits up a short time every day. Complains of some pain in right hip.

Nov. 10th.—Walking about without difficulty. General condition good.

25th.—The sensation of temperature in the right thigh below the buttock is less than in the left. In determining how closely the points of a pair of compasses may be approximated upon the skin over the back of the thigh and yet be felt as two distinct points, the minimum distance for the right thigh was three inches; for the left, half an inch. A plaster cast of his back was made for the Warren Museum.

Reports of Medical Societies.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

First Day.

The annual session of the Massachusetts Medical Society began in Boston on the 4th inst. Prior to the assembling of the Society, a large number of its members visited the Massachusetts General and City Hospitals, where they witnessed several surgical operations.

At 12 o'clock the Society met in Mechanics' Hall, Bedford Street, the President, Henry C. Perkins, M.D., of Newburyport, in the chair. Over one hundred members were present. About two hours were occupied in the reading of papers by the members of the Society. The first paper presented was by Dr. George Derby, on the "Lessons of the War to the Medical Profession."

Dr. Derby reviewed some of the points in which real additions had been made to the knowledge of the profession by the experience of the recent war, not only in surgery, but concerning the preservation of health by hygienic precautions and hospital arrangements. Referring to the complaint that amputations by army surgeons had been unnecessarily frequent, he observed that early in the war the error of the surgical force was in not amputating enough, and that many lives had been lost by efforts to save limbs. There were many cases, he said, where immediate amputation was the only means of saving the life of a wounded man. A soldier when hit was elated, proud of his wound, surprised that he was not killed outright, and was ready for anything. It was perilous to delay amputation until this feeling subsided and reaction came. Dr. Derby spoke particularly of gun-shot injuries involving fracture of the shoulder, as a point on which a great deal had been learned during the war. The number of cases of excision during the war he stated was very large, amounting in all to more than eight hundred. During the Crimean war there were but 38 cases of excision in the French army, and but 16 cases in the French navy.

Anæsthetics were universally used in the Federal army during the war. In the field, chloroform only was used, ether being too bulky for transportation. The ambulance system was brought nearly to perfection during the last two years of the war, not only as regarded the construction of the vehicles, but also in the efficiency of the corps having charge of them. In this connection Dr. Derby spoke of the arrangement, adopted by the Prussians in the recent war, of ticketing every wounded man, by the surgeon who first found him, with a card stating the nature and extent of his injury, so that when he came to the hands of the surgeon who was to attend to his case, no time need be lost in reëxamination.

Great saving of life had been effected by the adoption of our excellent hygienic system. While during the Mexican war our armies had lost from ten to twelve per cent. by disease, and while the allies in the Crimean war lost 25 per cent. from this cause, enough was already known of the statistics of our recent war to warrant the assertion that the Federal army lost only 6 per cent. by disease. It would be no exaggeration to say that the number of lives saved was greater than the whole number lost by disease and battle.

In conclusion, Dr. Derby spoke of the improvements in hospital arrangements during the war, and gave a detailed description of the most perfect form of building finally adopted.

The next paper was by Dr. Henry G. Clark, on "The Contagiousness of Cholera," being substituted by the author for the one announced in the programme.

Dr. Clark alluded to the doctrine of contagiousness, which now had some ardent advocates, as a novel and hurtful doctrine; and said he did not intend to enter on the general discussion of the question, but to make such suggestions as might perhaps induce those still in doubt to examine for themselves the abundant evidence now so accessible; and make those who have adopted the theory of contagion reconsider the subject. After defining the terms "contagion" and infection, he maintained that cholera was simply an epidemic, sustaining his views by citing the opinions of eminent surgeons in East India, St. Petersburgh, and Moscow, and of the Board of Health of Great Britain in 1832. He quoted the opinion of Dr. Jacob Bigelow, of Boston, and mentioned several cases in which inoculation and other equally severe tests had failed to communicate cholera by contact. Dr. Clark said the simultaneous announcement of cholera at London and on the Mississippi River foreshadowed the approach of the pestilence which, at those distant outposts, had given us timely warning. It was important to determine whether cholera was or was not contagious; because if it was, quarantines were indispensable, whereas, if it was not, they were useless as well as annoying.

In conclusion, he declared his positive conviction, deliberately reached by careful investigation and comparison, that not a single well-attested case of cholera by contact alone, with the person, clothing, excretions or effluvia of another case, has yet been cited. Panic, he said, made cholera, and the doctrine of contagion patronized panic.

The third paper read was by Dr. James C. White, on "The Present State of Medical Opinion with regard to Syphilis," in place of the paper on Acne announced on the programme.

Dr. William Coggswell, of Bradford, had been announced to read a paper on "The Use of Bromide of Potash in Fever"; but a letter was received from him, stating that his professional duties would not permit him to attend the meeting. Dr. Coggswell remarked in his letter that he had by experiments in his practice been greatly impressed with the favorable effects of bromide of potash in febrile diseases, in inducing sleep without the unpleasant symptoms which follow the administration of opium.

Dr. B. Joy Jeffries read an interesting paper on "The Anatomy and Physiology of the Ciliary Muscle in Man"—the muscle by which the eye accommodates itself to distances. The paper was illustrated by several diagrams.

At the close of this paper, the Society adjourned until 4 o'clock.

Afternoon Session.

On re-assembling, Dr. John Homans, Jr., read a paper on "The Pathology and Treatment of Vaginal Cystocele."

The next paper was by Dr. Edward Jarvis, of Dorchester, on the "Effect of Condensation of Population on Life."

After giving copious statistics to show the tendency of the population of all countries to centre in cities and large towns, and speaking of the increase of cities by condensation as well as by extension, Dr. Jarvis considered the subject in its mortuary aspects. In many cities, he observed, the deaths of natives annually exceed the births of children of native parents. It was extremely rare to find a citizen of Paris with many generations of Parisians among his progenitors. London needed 10,000 recruits from the country each year to keep its number good. In speaking of the effect of condensation on the rates of mortality, Dr. Jarvis said the registration reports of England for thirty years showed an average annual mortality of 26 to 1000 in the closest districts, and 16 to 1000 in the sparsest districts. This difference of mortality in town and country was not exactly proportional in all the causes of death. For instance, there was a much larger proportion of deaths by zymotic and nervous diseases, and diseases of the respiratory and digestive organs, in the city than in the country; while the proportion of deaths by old age was 37 per cent. larger in the country than in the city. The mortality of children was also greater in the city—the excess of deaths of children under five years, in English towns and cities, from 1851 to 1860, being 152 per cent. over the proportion prevailing in the country.

In considering whether this excessive mortality in cities is inherent and unavoidable, Dr. Jarvis attributed much of it to the destitution and privation, the dangerous occupations and the protracted labors of many of the inhabitants of cities; the compactness, narrowness and crookedness of the streets, leaving little chance for the circulation of air; and the excessive mental exertion and undue expenditure of the vital powers by the better classes. In so far as these causes could be removed, the rate of mortality would be lessened. Sanitary improvements in 19 towns and cities of Great Britain had reduced the rate of mortality from 28 in 1000 to 21 in 1000. In Liverpool the decrease was 30 per cent. The same might done here, in Boston and New York. The Church Street district might be made as healthy as any part of Boston. A wide street running east and west, and an intersecting avenue running north and south, with the water basin on the Back Bay proposed by Mr. Snelling, would give a constant circulation of fresh air.

The remainder of the afternoon session was occupied by discussion, the Society adjourning at 6 o'clock. A meeting of the Councillors was held in the evening, at the rooms of the Society, No. 12 Temple Place.

SECOND DAY.

The business meeting of the Massachusetts Medical Society was held in Mechanics' Hall on the 5th inst., the President, Henry C. Perkins, M.D., in the chair. The records of the last annual meeting were read by the Recording Secretary, David W. Cheever, M.D.

The Secretary read an abstract of the minutes of the Councillors' meeting, held on Tuesday evening, embracing the following facts:—

The admission of 84 new members, and the decease of 20 members was reported. Two resignations were also announced.

Drs. Nahum Washburn of Bridgewater, and Kendall Flint of Haverhill, were admitted to the retired list.

The Committee on Finance reported the Society in as good a financial condition as usual.

The Committee on alteration in the by-laws recommended the passage of the following amendments, which were adopted by the Council.

Voted, That Article III. of the by-laws be amended by striking out the words "one dollar," and inserting in their place the words "such sums as the Councillors shall from time to time determine."

Voted, That Article X. of the by-laws be amended by striking out the words "three dollars," and adding after the word "annually," "such amount as the Councillors shall from time to time determine."

Drs. C. Ellis, C. D. Homans and John Jeffries were appointed a committee with full power to appoint delegates to the International Medical Congress in Europe this summer.

The Nominating Committee reported the following officers for the ensuing year, who were unanimously elected:—

President—Henry C. Perkins, M.D. *Vice President*—Foster Hooper, M.D. *Corresponding Secretary*—C. D. Homans, M.D. *Recording Secretary*—Calvin G. Page, M.D. *Treasurer*—F. Minot, M.D. *Orator*—Henry G. Clark, M.D. *Librarian*—James C. White, M.D. *Anniversary Chairman*—J. Nelson Borland, M.D.

Dr. Benjamin E. Cotting, delegate to the Connecticut State Medical Society, submitted his report.

The following committees were appointed:—*On Publication*, Drs. Shattuck, Minot and Cotting; *on Resignation*, Drs. Ayer, Minot and Ellis; *on Finance*, Drs. J. Homans, Durkee and Crane; *on Auditing*, Drs. C. E. Ware and Ezra Palmer.

The President read a communication from Mr. S. Eliot, on the part of the Trustees of the Massachusetts General Hospital, desiring the opinion of the Society upon the propriety of admitting females as medical students to visit hospitals for the purposes of instruction and the witnessing of operations.

After a brief discussion, the following resolution was adopted by a vote of 49 to 7:—

> *Resolved*, That in the opinion of the Massachusetts Medical Society it is inexpedient to admit females as students to our State medical schools and hospitals.

After reading the foregoing abstract the Secretary read the lists of new members and of members deceased during the year. The latter is as follows, with the dates of admission and age of the deceased:—

Admitted.	*Name.*	*Residence.*	*Age.*
1813,	Bates, George	Boston,	84
1852,	Brewster, Oliver E.	Pittsfield,	51
1864,	Bullard, Alfred Rodolph	Dedham,	34
1817,	Clark, Atherton	Gilbert, Conn.,	77
1834,	Fales, Joseph J.	East Boston,	69
1832,	Gould, Augustus A.	Boston,	61
1837,	Hastings, Sir Charles	Worcester, Eng.,	73
1857,	Hayward, Nathan	St. Louis,	35
1838,	Hoyt, George	Athol,	65
1836,	Kittredge, Ingalls	Beverly,	69
1844,	McCallum, H. E.	Marston's Mills,	60
1865,	Page, John Y.	Winchendon,	—
1839,	Skilton, Benjamin	Lowell,	70
1846,	Snow, George W.	Middleborough,	58
1832,	Stedman, Charles H.	Boston,	61
1844,	Townsend, William E.	Boston,	46
1863,	Warren, Dewey Kellogg	Boston,	46
1860,	White, Samuel E.	Springfield,	36
1833,	Whiting, Augustus	Charlestown,	72
1830,	Mussey, Reuben D.*	Boston,	86

The Treasurer, F. Minot, M.D., reported that the amount received during the year (including a balance of $1846·75) was $8083·94. The amount expended was $6343·75, leaving a balance of $1740·19, of which $603·54 can only be appropriated to certain specific purposes. The remainder, $1136·65, is available for the general expenses of the Society. The property of the Society amounts to $30,420·17, which is invested in the Massachusetts Hospital Life Insurance Company and in United States stocks.

The following named gentlemen, delegates from other State societies, were now introduced, and briefly addressed the Society:—Drs. Gerrish, Bates and Shumway, of New York; Drs. Fuller and Upham, of Vermont; and Dr. Anderson, of Connecticut.

On motion of Dr. B. E. Cotting, of Roxbury, it was voted that when the Society adjourn it be to re-assemble on Thursday forenoon, at 10 o'clock, in the Society's rooms, in Temple Place, for the purpose of acting upon the amendments to the by-laws given above.

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* Honorary Member.

Dr. Josiah Crosby, of Manchester, N. H., was then introduced, and exhibited an improved fracture bed and splint, for the treatment of fractured limbs. Dr. Charles A. Savory, of Lowell, spoke on the same subject, commending the apparatus exhibited.

Dr. William W. Gardner, of Springfield, read a history of the recent trichina cases in that city, written by Dr. Calkins, the attending physician in the cases.

Dr. Henry K. Oliver, of Boston, read a paper on "Paralysis of the Glottic Muscles."

Dr. H. R. Storer, delegate to the New York State Society, presented his report.

An improved atomizer, for producing local anæsthesia, was exhibited in the rear of the hall, by Dr. Arnold, of Roxbury. The apparatus consisted of two vessels, one placed ten feet above the other, and connected with each other by a gutta percha tube. The upper vessel being filled with water, the air is steadily forced from the lower vessel, on the hydrostatic principle, through the atomizer. When the water in the upper jar is exhausted, the two jars are made to exchange places, and thus the operation is continued.

Dr. Gerrish, of New York, described several interesting cases of malformation which had come under his notice, as striking evidences of the impression of the mind on the fœtus *in utero*. He also spoke upon the subject of embolism, and the liability to deception arising from it, in diagnosis.

Dr. Cutter, of Woburn, described a simple method which he had employed for treating retroversion of the womb.

The Annual Discourse.—At 1 o'clock, the President introduced H. P. Wakefield, M.D., of Reading, who delivered the annual discourse. It began with acknowledging the speaker's indebtedness to the Society, and after extending appropriate welcomes to officers and members of the Society and the profession generally, made reference to the general questions of the day, the happy circumstances under which they were assembled, and the duties devolving upon the profession as loyal members of society. Referring to their duties as members of the profession, the discourse inculcated the duty of looking on the bright side of things, and shaking off the melancholy which constant contact with sickness and misfortune is apt to engender, especially on occasions like their annual assembling, which was the gala day of the Society. Dr. Griffin, the distinguished President of Williams College, the speaker said, once remarked to a party of students he was socially entertaining, "Young gentlemen, I am going to give you a lesson on the Christian duty of laughing." How strange that an eminent divine should feel the need of inculcating this duty in a company of young men! Yet we might discover the propriety of the lesson, when we remembered the tendency of the human mind to regard this world as only one of ills and woes, of sorrows and sufferings—to feel only the thorns of life, but never to see the rose blooming close by their side. Occasions like the present should arouse the better feelings of the members of the Society, and prepare them to receive the lesson referred to by Dr. Griffin. The disagreements among the members of the profession were alluded to, and the remedy for them given in the words of the golden rule. The duty of each individual member of the profession making the most of his abilities was especially urged, and the necessity was enjoined on the profession to be wide awake and up to the times. Another duty of the profession was to always engender hope in the patient and cultivate a hopeful spirit himself. Every prescription should be written and every remedy administered by the hand of hope. By many in the profession it was only thought necessary to conquer disease, but the true physician should take every possible means to prevent it. The necessity and duty was urged upon the profession to keep the public informed by statistics of mortality of different kinds of disease, and in that way aid in the avoidance of them. The radical defects in female education were referred to as productive to a great extent of disease. The address was severe in its strictures upon quackery in all its multifarious forms. The duty of decision of mind and action on the part of the members of the profession was urged, and the discourse closed with appropriate allusions to the members of the profession who have died during the year, whose names are given above.

At the close of the discourse, the Society adjourned to the Music Hall, to participate in the festivities of the Anniversary Dinner. Tables for five hundred persons were set by Mr. J. B. Smith on the floor of the hall and on the platform, and nearly every seat was filled. Mr. George E. Whiting performed upon the organ for half an hour, while the members of the Society and their guests were taking their places at the tables. H. W. Williams, M.D., Anniversary Chairman, presided, and called upon Rev. Dr Potter, Assistant Rector of Trinity Church, to ask a blessing. At the close of the feast, the Chairman addressed the assembly as follows:—

I am proud and happy, Fellows of the Massachusetts Medical Society, that it is my honorable lot to extend the hand of fellowship and welcome to the brothers who meet around the family table at this our annual reunion. For one day we throw aside the ordinary cares and duties of professional life, and seek, in the pleasant intercourse of familiar friendship, to freshen our hopes and renew our energies for future labors. The practitioner from the distant Cape, or the remote hills, with experience ripened by meditation as he rides his solitary way from one to another of his scattered charge, comes to exchange ideas with the physician of the busy town—each rejoicing to meet again long separated friends, and revive cherished memories.

But with our cheerful greeting mingles a tone of sadness. We mourn, we deeply, sincerely mourn, the loss of that bright star so lately the guide to whom our eyes were turned, secure of being in the path of honor and safety if following where he led the way.* He whom the nations afar off praised and honored—he, among the chosen few to whose clear intelligence science has revealed the mysteries of her inner temple—he, whom this Society had delighted to honor, *honoring herself most*, in conferring upon his modest worth her highest dignities, and making his name forever distinguished in the catalogue of her worthiest sons—gladdens us no more with his genial presence.

And another, too, we mourn, who but last year stood where I now stand,† cut off, by the same fell scourge, in the full promise of his usefulness, from the midst of the patients and friends who loved him, and from the side of that father whose glad heart saw in him a worthy successor to his own honored career.

But though we grieve for the loss so hard to bear—for the void so impossible to be filled—let us be thankful for their bright example. Like them, let us endeavor to be misled by no plausible theories, baffled by no obscure complications of symptoms—to be ever fertile in expedients, and prompt and timely in their application—that thus our cheerful encouragement and ready skill may brighten many a sick chamber with hope and life.

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* Dr. A. A. Gould, late President of the Society. † Dr. Wm. E. Townsend.

Veterans of the Society, I welcome you to this opportunity of renewing old and pleasant associations. Young men, whom we meet here for the first time, thrice welcome to a Fellowship associated with much duty and sacrifice, but which has its rewards of honor and confidence for duty well performed.

The first regular toast was—

The Massachusetts Medical Society—Blinded by no traditional dogmas—accepting every new *truth* of theory or practice—she turns a deaf ear to absurd pretension, and a cold shoulder to successful imposture.

The President of the Society, Dr. Henry C. Perkins, who was called upon to respond to this sentiment, spoke as follows :—

Mr. Chairman,—Several years since I rode from Cambridge to Boston in company with a French physician, who had come to this country to learn the American mode of treating phthisis. In the course of conversation, he remarked that there was this peculiarity to be met with among medical men here, viz., an independence of thought and of action. "They were bound to swear by the words of no master;" they were at liberty to believe any truths that might be discovered, no matter by whom the discovery was made. This independence he regarded as characteristic, and it had secured for its possessors his admiration and regard. This testimony of a foreigner may be considered as impartial and sincere.

It was by such men that the Massachusetts Medical Society was founded, which, like a thrifty sapling in its youth, has in time become a sturdy tree, which has struck deep its roots, and spread far and wide its massive branches, until its leaves have indeed been for the healing of the people. Under its shadow we are permitted to-day to assemble to eat of its fruit, and to distinguish between good and evil. To our connection with this body it is that we are all mainly indebted for what there is in us of strength and vitality as men of science and skill. So grateful to our tastes are the fruits it bears; so invigorating and sustaining the food it furnishes (for from the nature of its spongioles, truth only can be imbibed), that we turn with disrelish from the insipid and empty counterfeits which spring from the parasites that climb upon its noble trunk that they may rise where they may be seen, and derive their nourishment stealthily and without acknowledgment from its sap.

As I passed, the other day, by the old elm in Cambridge, beneath which General Washington assumed the command of our revolutionary forces, I was struck with the decayed and withered aspect of its young branches hanging in the breeze. It is not so as I look at *this* thrifty and living organism—the Massachusetts Medical Society, whose younger shoots from all its separate limbs are seen springing upwards, and promise the most precious harvest, and that too with no jealousy or envy on the part of those whose chief function now is to sustain them and the fruits they bear.

What we hear and know of many of our young physicians, graduates of our schools, juniors in our profession, who are soon to take our places in society, in the sick room, and by the bedside, is extremely gratifying. Blinded by no dogmas, bound to call no man master, at liberty to seek for truth wherever it may be found, they have had most cheerfully communicated to them all that teachers have accumulated, and then been told to begin and garner for themselves. Many of them have already taken a high rank in the profession, and the fourth generation promises to be no less eminent than those which have preceded. It is for them to determine the action of the new remedies upon the human system which chemistry has given to *Materia Medica*, and it is in their hands that by means of the microscope, the ophthalmoscope, the laryngoscope, the sphygmograph, and the thermometer, diagnosis promises soon to take its place among the positive sciences.

But, sir, pleasant as all this is, and much as we esteem the Massachusett Medical Society and its Fellows in general, there are men who call themselve doctors, I trust not of this body, who love gain better than godliness; who regard the healing art as a business rather than a liberal profession—who, like some other men, are anxious to make the most they can of their wares, and who fatten upon the credulity of the public and impose upon the ignorant. Some such have amassed large fortunes, and have erected for themselves splendid edifices, by the faith of the people in nostrums and quack medicines. Such men in certain walks of society take a high stand in consequence of their wealth, and their acquaintance and friendship is eagerly sought after and courted, but not by honorable medical men, who envy them not in their meanly gotten gains, and willingly leave them alone to enjoy as best they may whatever there is in their position that is desirable, but with whom they have no sympathy and can have no fellowship.

The second sentiment was:—

The Commonwealth of Massachusetts—In peace and in war recognizing with just appreciation the services of her sons.

A letter from His Excellency Governor Bullock, who had been expected to be present, was read, in which he expressed regret at his inability to attend the festival.

Third regular sentiment:—

The Union of Science and Genius.—We listen with charmed attention to the Professor as he explains the mysteries of the human body—and admire him no less as he touches the vibrating chords of the human soul.

Dr. Oliver Wendell Holmes was called up, and responded as follows:—

Mr. President and Gentlemen,—It is most pleasant to meet in this noble hall, the very air of which is so attuned to harmony that we can hardly breathe it for an hour without becoming more truly than ever a band of brothers. We have always claimed a somewhat remarkable exemption from professional discords, and this mighty organ—let me rather say this vast organism—which has been sweetly singing and peacefully thundering to us, is but an emblem of what our Society has been—a cluster of many living columns, each with its own note, all animated by the same breath. I cannot forget that it is to one of our own brethren we are chiefly indebted for this musical symbol of our association.

You have been pleased, Mr. President, to allude to my labors as a teacher. If we may count three years as a medical generation, I have seen a good many generations of medical students come into being as such, and pass into that better world of practice where the lecturer ceases from troubling and the weary listener is at rest. It is no small proportion of the gentlemen here present who have had a chance of knowing all my short comings. I take the opportunity to ask of them an amnesty for all the wrongs they may have suffered at my hands—for teaching them what they have had to unlearn, and for leaving out the knowledge they have had to make up.

You have also alluded, Mr. President, to some other modes in which I have addressed a public somewhat wider than our own profession. I am glad to have the apology for saying a few words as to the relation existing between medical studies and literary pursuits. There is no doubt that medical training confers certain advantages, and there is a belief that it carries with it certain limiting and narrowing influences into the field of literary culture.

The most frequent reproach is that the physician transfers the laws of the body into a sphere which is beyond and above them. His tendency is thought to be towards meterialism and fatalism. And this belief is embodied in that old saying about physicians which I need not repeat, as I do not wish to affront two thirds of my audience with a rude untruth covered up in Latin, which before this learned body would be no concealment.

Now I think we are all agreed about one thing—that whoever, by any physiological or psychological juggling, turns man into a machine, reduces the moral world to a chaos. To show that there is no self-determining power is to abrogate not only religion, but all that makes us respect ourselves or others. But it is a very different matter to attempt to show the *limitations* of the self-determining power as forced upon our observation as students of nature. That the purest and noblest will may find itself overtasked by outward conditions and yield to them, is implied in that petition which none is too good or too strong to utter—"Lead us not into temptation."

The whole movement of science is in the direction of adding to the domain of *reflex actions*, which is perceived to include wide tracts of the intellectual, and of what has been considered the moral realm. Race is more and more recognized as having a fixed relation to character. Every generation accepts more readily than the preceding the plea of mental unsoundness as a palliative or excuse for crime. Everybody knows that there are families where the children are born straight-grained, and families where they are born cross-grained. Everybody knows that a child without some culture will no more come to a good head than a cabbage under the same neglect. Everybody knows that a bad germ in a bad soil will be liable to yield a product rotten at heart, whether it be a potato or a human being.

This is the class of facts to which the student of medical science is most naturally drawn. Like all specialists, he is liable to overrate their importance—the Idols of the Den find their way into his temple—but he has one great safeguard—he studies from nature, and he judges from a long series of facts. We may balance his errors against those who study mainly from themselves and from books. These persons often wonder at the lenient judgments physicians sometimes pass upon their poor fellow-creatures, and sometimes abuse them for it. Still the world is wiser for their evidence.

I am told that I myself have been sometimes sharply attacked for writing from a too physiological point of view on matters which it is claimed belong exclusively to theologians. I do not complain of this when it is done decently and in order. But one thing I insist upon—that if I draw a bad clergyman or a knavish lawyer, it shall never be misconstrued into an act of disrespect to two noble professions, with the honored members of which I have always held the most intimate relations.

I am afraid I shall have to square accounts by writing one more story, with a wicked physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out that he was no physician at all, only a——I mean not what we consider a practitioner of medicine.

I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy:—

The Medical Profession—so full of good people that its own story-tellers have to go outside of it to find their villains.

To the fourth regular sentiment—"*The Delegates from other States*"—Dr. Parsons, of Rhode Island, responded, with a humorous allusion to Massachusetts as the grandmother of Rhode Island, and a reference to the journeyings of the early settlers from Salem to Providence. Dr. Bullard, of Vermont, also spoke to this sentiment.

The company remained at the tables for nearly an hour longer. We have not space for the remarks of the succeeding speakers, which abounded in good sense and brilliant humor. We give the remaining sentiments offered, and the names of the speakers who responded.

The Clergy—Doctors of psychological medicine; ministering alike to minds healthy and minds diseased; may they have every success in eradicating the morbid germs which threaten to blight the fair development of Faith, Hope and Charity.

Responded to by Rev. Dr. Potter, of Trinity Church.

Apollo, the God of Medicine and Music—He had, we know, two strings to his bow—but he never could have found time, like his Yankee disciple, amidst investigations of the diseases of hospital and camp, to create his Great Organ.

Response by Dr. J. B. Upham.

Our Coadjutors of the Profession of Letters—Ever enriching their Materia Medica with new stimulants to quicken the impulses of generous ambition in a sluggish heart, tonics to sustain a fainting spirit, sedatives to calm a troubled mind, restoratives to refresh an exhausted intellect, nutrients to develop a healthy mental growth—they brighten the eye of health, and cheer the path of the convalescent.

Responded to by Mr. E. P. Whipple, who closed with the sentiment—"*The Men of the Massachusetts Medical Society*—They have proved their right to belong to the Faculty, by showing unmistakably that faculty belongs to them."

Our Brothers of the Western Counties—Usually so far above the rest of the Society, we always feel flattered when they come down to our level.

Response by Dr. Babbitt, of Berkshire.

The Faculties of Medicine—Societies for medical emulation; ever doing their best to outdo themselves.

Response by Dr. Shattuck, Dean of the Medical Faculty of Harvard University.

The Volunteers of the Medical Staff of the Army and Navy—We cherish the memory of those we loved and lost; and extend an honorable and grateful welcome to those who return to teach us the lessons of the war, learned amidst so many hazards and sacrifices.

Response by Dr. George Derby.

The Orator of the Day.

Response by Dr. H. P. Wakefield, who closed with the sentiment—"*The Massachusetts Medical Society*—May its path be onward and upward, and its light shine brighter and brighter until the perfect day."

The Junior Members of the Society—Our hopes of a glorious future rest securely on those "whose lack of years has been no impediment to let them lack a reverend estimation."

Response by Dr. R. M. Hodges.

The Champion of Massachusetts—Who took care that her troops should have good surgeons, who faithfully protected the interests of the living, and tenderly guarded her honored dead.

The Chair read a letter from ex-Governor Andrew, who had been expected to respond to this sentiment.

The District Societies—Active children of a healthy parent.

Response by Dr. H. I. Bowditch, President of the Suffolk District Medical Society.

At about 6 o'clock the company left the scene of rare social and mental enjoyment.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 13, 1867.

HYDATID TUMORS OF THE LIVER.

A MONOGRAPH on Hydatid Tumors of the Liver has lately come into our hands, which was read before the Medical Society of London, by Professor Murchison, and originally printed in the *Edinburgh Medical Journal* for December,

1865. It seems to us of so great value that we cannot refrain from giving a digest of some of its most salient points.

Professor Murchison considers it as settled that the development of hydatid tumors in the human body is due to the presence of the tænia echinococcus in that early stage of its existence when it consists merely of the head of the tapeworm enveloped in a minute cyst. The liver is the organ into which these hydatids most commonly enter, though they are found in various other parts of the body.

Many hydatid tumors undergo a spontaneous cure while they are of small size. The echinococci die in consequence of the entrance of bile into the outer cyst containing them, or of calcification of that cyst preventing its further growth, or of inflammatory action. If the entozoa retain their vitality, the tumor grows until some time or other it bursts, unless it have previously caused the death of the patient by interfering with the functions of important organs. Hydatid tumors may burst into the cavity of the chest, into the peritoneum, through the abdominal parietes, or lower intercostal spaces, into the stomach or intestines, into the bile ducts, into the vena cava inferior. The most favorable direction in which the tumor can burst is into the stomach or intestine. When it discharges through the abdominal parietes or lower intercostal spaces, the patient may get well, but the cyst is apt to suppurate, and produce death through exhaustion.

Independently of rupture, a hydatid tumor may destroy life, by pressure upon important organs and interference with their functions; by suppuration of the cyst, or external to the cyst, and pyæmia; by the formation of secondary hydatid tumors, in the liver or other organs.

> "From the above remarks it is obvious that the risks to which a person with a large hydatid tumor of the liver is liable are many, and that the chances of his escaping them are few. If the tumor attains a size sufficient to be recognized, there is little probability of its undergoing what is called a 'spontaneous cure.' If the tumor be let alone, it is almost certain, in the long run, to burst in one direction or another; the act of bursting is almost inevitably fatal, except the opening take place into the digestive canal or a bronchial tube, and even then the accident is very far from being devoid of danger; and, lastly, there are many ways, independently of bursting, in which a large hydatid tumor may destroy life. It is true that the tumors may remain stationary for years, and the patient may enjoy tolerable health, but it is no less true that he is in constant risk from one of the accidents which have been described, and that he can never calculate on a moment; although apparently in good health, a strain or a slight blow on the abdomen may cause instant death. It becomes, therefore, a matter of great importance to ascertain what are the resources of medical art for averting these great and many dangers."

While, says Dr. Murchison, little or no dependence can be placed on any medicinal agent for effecting any change in the size or structure of a hydatid tumor, there is one expedient which holds out a fair chance of effecting a permanent cure—puncture of the cyst and removal of its contents. The dangers of the operation, he says, "are mainly two, viz., 1, acute peritonitis, owing to the escape of a portion of the hydatid fluid into the peritoneal sac; and, 2, suppuration of the cyst, owing in some degree to the admission of air." These dangers he ascribes chiefly to making the opening with a scalpel or large trocar, which is unnecessary, as the removal of the thin and limpid liquid destroys both the parent hydatid and its offspring. A very fine trocar should be used. "As additional precautions, it is well to remove the canula before the fluid has been drawn off, and in doing so to press the punctured portion of the abdominal wall against the cyst For forty-eight hours the patient ought to be kept in the recumbent posture, and every movement of the body be strictly prohibited; and if there be the slightest pain, an opiate ought to be administered." The fluid does not re-accumulate.

The safety of the operation Dr. Murchison considers established:—

> "In Australia and in India, I have been informed that the operation is resorted to with almost uniform success. Of 135 hydatid tumors in different parts of the body (many of them in the liver), collected by Dr. Cobbold from the English journals, 35 were cured by surgical operations. Of 20 cases of hydatid tumors of the liver in which paracentesis was performed, collected by myself, all recovered but three; and in one of the three cases, death was due to a miscarriage; in the second, to three other enormous cysts in the liver; and in the third, the sac was inflamed, and the patient was almost moribund when the operation was performed. The tedious suppuration of the cyst in several of these cases was probably due to the large size of the opening. . . . In all cases where an hydatid tumor is large enough to be recognized during life, and is increasing in size, it is well to puncture it at once."

The diagnosis, of course, ought to be "tolerably certain" before puncture is resorted to. A small hydatid tumor is rarely diagnosticated during life, because it gives rise to no symptoms and causes little inconvenience. The peculiarities of a more largely developed one are:—

> "That it is a smooth, globular, elastic, painless tumor, which grows slowly, without giving rise to any constitutional disturbance, and without, as a rule, causing jaundice or ascites. One other character is thought to be of great diagnostic value, and that is 'hydatid vibration.' This sign—which is usually associated with the name of Piorry, but to which the attention of physicians was first called by M. Briançon, in 1828—is a peculiar trembling sensation, which is felt most distinctly when three fingers of the left hand are laid flat upon the tumor, and the middle one then struck abruptly with the middle finger of the right hand, or by using a pleximeter, and allowing the point of the percussing finger to rest upon it for a few minutes after the stroke. The value of the sign, I am inclined to think, has been greatly exaggerated; in many cases it is undoubtedly wanting. When present it indicates, in my opinion, the existence of a cyst which is in all probability hydatid, but it does not indicate, as some have thought, the existence of secondary cysts in the interior."

Prof. Murchison goes on to speak of the differential diagnosis, but we are compelled for want of space to omit all quotations on this head.

Membranous Croup.—In a report of a Commission on the Diseases prevailing in Paris during the month of April last, we find the following statements as to membranous croup.

At the Hospital Sainte-Eugénie the number of cases of croup, which was only 4 in March, amounted to 10 in April (4 girls and 6 boys). Eight underwent tracheotomy, 5 of whom died. One of the remaining three left the hospital well. Another still retained the canula, but was considered "cured." The third was doing well, and his recovery was fully expected. Of the two children not operated on, one had the disease mildly, and recovered almost without treatment. The other, on the contrary, succumbed rapidly, with all the symptoms of general infection. In one of the three who were operated on and got well, one of those scarlatina-like eruptions noticed in diphtheria, was observed.

At the "Enfants Malades," service of M. Roger, there were 3 cases of croup treated by tracheotomy, 2 of which died. In one of the latter the operation was done *in extremis*. In the other, the autopsy, made five days after the operation, disclosed no false membrane in any part of the respiratory apparatus. There was, however, intense sanguineous congestion of the left lung, and a tubercular infiltration of the right. In the third case (recovered), the infant was attacked, after the operation, with double broncho-pneumonia, accompanied by pleurisy on the left side. In the same Hospital, service of M. Labric, there were 4 cases, all operated on during the period of asphyxia. One only recovered.

Massachusetts Medical Society.—The second day's attendance at the meeting of the Massachusetts Medical Society was much larger than that of the first day. The interesting volunteer communications were listened to with marked attention, as was also the able oration of Dr. Wakefield. The festivities of the dinner went off with great *éclat*, the toasts being well chosen and happily couched, and the speeches highly original, in good taste, and full of salient points.

We are indebted to the *Daily Advertiser* of this city for the full report of the proceedings of the Society printed in the JOURNAL for this week.

State Medical Society of Kentucky.—At a meeting of certain members of this Society, held in Louisville, April 2d last, in accordance with an invitation from the College of Physicians and Surgeons, it was determined to revive their organization. A number of committees were appointed to report at the next annual meeting; and, after transacting a considerable amount of other business, the meeting adjourned to meet at Danville on the first Tuesday in April, 1868.

Vermont Medical Society.—The semi-annual session of this Society will be held at the city of Burlington, on Wednesday and Thursday, June 19th and 20th, commencing at 10 o'clock, A.M., on Wednesday.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 8th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	31	38	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.8	33.2	71.0
Average corrected to increased population - - - - -	00	00	79.07
Deaths of persons above 90 - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Extracts from the Records of the Providence Medical Association.

PAMPHLETS RECEIVED.—Ninth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, N. S.—The Wine Culture in California. By Henry Gibbons, M.D.—Rhode Island Thirteenth Registration Report, 1865.—On the Ultimate Distribution of the Nerves of Gustation. By Rufus King Browne, M.D., New York.—Introductory Address on the Commencement of the Session of the Medical Department of the Willamette (Cregon) University for the year 1867. By A. Sharples, A.B., M.D.

DEATHS IN BOSTON for the week ending Saturday noon, June 8th, 69. Males, 31—Females, 38. Accident, 1—apoplexy, 2—disease of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 1—cancer, 2—consumption, 6—convulsions, 2—croup, 3—cyanosis, 1—diarrhœa, 2—dropsy of the brain, 4—drowned, 1—scarlet fever, 6—typhoid fever, 2—disease of the heart, 1—infantile disease, 1—intemperance, 1—jaundice, 1—disease of the kidneys, 1—disease of liver, 1—lockjaw, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—old age, 2—paralysis, 1—premature birth, 1—puerperal disease, 2—smallpox, 7—unknown, 7—whooping cough, 1.

Under 5 years of age, 29—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 44—Ireland, 21—other places, 4.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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DOUBLE PNEUMONIA—RECOVERY.

[Read before the Suffolk District Medical Society, February 23d, 1867, and communicated for the Boston Medical and Surgical Journal.]

By James Ayer, M.D., Boston.

I was called to Mr. E. W. G. on the evening of December 24 past, and found him sitting up in bed, with high fever, pulse rapid and full, 100 to the. minute, pain of right side, thirst, orthopnœa, and a desire to cough, but no expectoration. Respiration much accelerated, difficulty of articulation, and patient complaining that he "could not get breath."

On percussion, decided dulness was noticed on right chest, all around on a level with the nipple, and from the second to the fifth rib, and on the right back below the angle of the scapula. Mucous râles were abundant and noisy over the larger portions of both chests, front and back. The tongue was covered with a white fur. His whole appearance was that of a very sick man. The heat of the stove was complained of, and the room at first was kept almost without fire. This was partially remedied by keeping towels constantly wet and hung around the air-tight stove; but this proving insufficient, a tin teakettle was afterwards procured, which set down deeply into the stove, and constantly threw out an abundant supply of steam from its open top and nose to maintain a moist atmosphere in the room.

Mr. G. was 62 years old, a very intelligent and active man, a master cooper by occupation, who had always headed his workmen, and had enjoyed perfect health. The only exception to this was an attack of pleurisy, when a young man, in the right side. For several years after this illness, he had suffered in that region from dull pain on exposure or over-exertion. He had ever been an industrious and hard-working man. In flesh, the muscular system was well developed and the fibre firm. No superfluity of fatty tissue, and no blood to spare; his usual weight was 165 pounds.

The following history was given me of the present illness. Mr. G. kept house the day before (Sunday, Dec. 23d), and had taken simple remedies and attempted a sweat the night before for his "cold." On Saturday, Sunday and Monday he had chills, loss of appetite, hot skin, thirst and difficult breathing, with pain of the side. For ten days previous to this attack he had been engaged with his men, working in a shed on one of the wharves, in melting lard oil sent from the West, and putting it into smaller casks. The weather just before Christmas, it will be remembered, was windy and very cold. The lard was thoroughly congealed and required a high temperature for its liquefaction. To effect this, the shed was battened with boards and afterwards caulked with wool, a large stove was set and kept constantly red hot. The stove, however, was found insufficient, and a second larger, or furnace-stove, was added. All the heat possible was obtained from both. The temperature probably was from 120° to 150° F., though no thermometer was kept on the premises to record the heat; but the inmates were all kept constantly in a profuse perspiration. As the casks were filled, Mr. G. opened the shed door and rolled them away, taking some little time to stow them outside; all this was done in his "shirt-sleeves." In this condition, with no additional clothing except a sack coat, the patient left his work and walked to the Mechanics' Building in Chauncey St. One of his shoes also had a loose sole, which exposed the foot to the chill of the sidewalk. After transacting some committee business there, he returned to the wharf. On his return he felt the first chill, and was sensible of taking a severe cold.

I have been thus minute in describing this extraordinary exposure, that its light may be thrown on the subsequent history of the case. The first question in the treatment was, shall blood be taken? In favor of the remedy there was a full pulse at 100 per minute, orthopnœa urgent, great amount of fever. A few years ago, I confess, I should not have hesitated, but performed venesection *ad deliquium.* But I hesitated. The attack was now three days old; the congestive stage was now in progress. No crepitus on the right chest could be detected, or only to a limited extent on the lower lobe of left lung. The vesicular murmur was entirely obscured by the coarse bronchial râles. Besides, the patient in health had no surplus of blood. The idea of bleeding was abandoned. A solution of tartrate of antimony and potash, one sixth of a grain, was ordered every two hours; pulverized ipecac and opium, half a scruple, at 9 o'clock; a sinapism to right side and a liniment of oil of turpentine and camphorated soap to be rubbed thoroughly over the chest, front and back.

Dec. 25th, morning visit.—Patient much the same as last night. Little or no quiet sleep. Sitting up erect all night. Complains of want of breath. No expectoration. Evening visit.—No special change. Râles universal. Spirits of nitrous ether and liquor of acetate of ammonia in equal parts—a teaspoonful to a glass of water for drink; also linseed tea, with lemon.

26th.—Passed a restless night; very little sleep. Slight perspiration. An increase of cough, with frothy and viscid expectoration. Mucous râles more abundant. As no dejection had taken place for two or three days, a cathartic was ordered. ℞. Infusion. sennæ comp., ℥ ij.; magnesiæ sulph., ʒ ij.; tinct. gaultheriæ, gtt. xxx. M. At evening visit, found that a free action of the bowels had followed the morning dose. Respiration greatly embarrassed, and 24 per minute. A small blister, four by five inches, was ordered to right chest.

27th.—But little sleep. Blister had drawn freely, but afforded no perceptible relief. Respiration 26. Pulse full, 112. Jackson's pill of tartrate of antimony, opium and calomel was prescribed, one pill every four hours, and omit antimonial solution.

At 4 o'clock, P.M., Dr. Gordon met me in consultation. Finds engorgement of chest universal; dulness under the angle of right scapula and over the right side, on a level with the nipple. No evidence of hepatization. Pulse 120. Respiration 26. By Dr. G.'s advice a poultice of bread and linseed was applied to the right side, and the medicines continued.

28th.—Patient a little more comfortable; had a few hours' sleep through the night. Expectoration more abundant and more rusty. Febrile symptoms less urgent.

29th.—Much the same as yesterday. Dyspnœa more urgent. A second blister, five by six inches, to be applied over the top of the sternum.

30th.—Slight decrease of fever. Pulse 104. Respiration 28. Sputa abundant and rusty. Urine scanty and high colored. Sleep interrupted.

31st.—Passed the night a little more quietly. Pulse 104. Respiration 28. Patient takes oatmeal gruel freely.

January 1st, 1867.—Mr. G. had a more quiet night than heretofore. Pulse a little softer, but up to yesterday's mark in frequency. Difficulty of breathing less. He continued pretty comfortable through the day.

2d.—Passed a more quiet night. Expectoration free, and not so high colored. Respiration less labored, and 26 per minute. Pulse softer, and only 100.

3d.—More sleep through the night, though interrupted. Respiration freer, and same as yesterday. Pulse 100. The crisis of the disease has apparently arrived.

4th.—Several hours' sleep through the night. Symptoms same as yesterday. Whiskey was ordered, in moderate doses; also, cough mixture to be continued.

5th.—The night was spent in a restless manner; patient dozed but little. During the night the pulse ranged from 86 to 100, and respiration 30 to 32. Beef tea to be added to the diet, and milk punch.

6th.—Little sleep through the night, and only by snatches. Pulse

100. Respiration 28. Râles of chest diminishing and crepitation increasing. Expectoration abundant and slightly tinged with blood.

7th.—Night passed as heretofore. Small specks of purulent matter float in the sputa. On putting the ear below the right scapula, distinct tubular respiration and broncophony are heard. The affected portion appears to be at present limited to a moderate space.

8th.—Increase of puriform sputa. Tubular respiration more distinct and dulness on anterior wall of right chest.

9th.—Mr. G. spent a better night, and slept two or three hours. Pulse 88 to 90. Had his head lowered a little from the erect posture.

10th.—More comfortable. The tubular breathing more distinct. Purulent sputa increasing. A cup of coffee allowed this morning for the first time. The patient continued in this way, improving daily, except that the tubular breathing was gradually increasing in strength for ten or twelve days, and the purulent sputa kept apace. The cavernous sound, however, at length began to contract and the pus to diminish. The diet was improved, soups, broiled quails and chickens being added. The tongue began to clean; respiration less labored, but patient yet sleeps in erect posture.

12th.—Mr. G. expresses himself as having experienced the most quiet and comfortable night during his illness. Pulse 80. Respiration 24. Cough moderate and expectoration free. Little pain of right side.

16th.—Patient continues to improve. He takes a little cider and wine, in addition to whiskey. Tubular breathing yet noticeable, but diminishing.

19th.—Patient passed a comfortable night, and slept quietly till 6.30, A.M. He is so comfortable that his faithful watcher and friend proposes to discontinue the morning bulletin.

From the last date, the improvement was uninterrupted to February 1st, when from some little exposure while sitting up, he must have taken a slight cold; this, in connection with acidity of the stomach and constipation, induced a febrile attack, with pain of right side, dyspnœa and aggravated cough. Again he returned to the upright posture, and used the shoulder elevator, which he had almost abandoned. All these symptoms passed away in a week's time. Afterwards the convalescence progressed without interruption. Every visit revealed an increasingly improved condition of both lungs. The vesicular murmur was gradually returning, and the tubular sounds and broncophony had almost entirely disappeared. In some portions, however, crepitation, both large and small, was noticeable, as the inflammation gradually gave way. Nutritious diet, with stimulants, was relied upon to bring up the system. Morphia, in one-quarter-grain doses, if needed to procure sleep, and cough mixtures were also employed.

February 14th.—Found Mr. G.'s pulse 72, full and soft; respiration 18, and nearly free; no pain or tympanites. He is able to sit up a greater part of the day. An exploration of the chest shows that the right chest is generally resonant on percussion, except in the vicinity chiefly affected dulness is yet noticeable. The vesicular murmur generally is distinct to the ear, with a slight mucous râle, confined to a small patch of the right lower lobe. No crepitus could be detected. Dulness decided under the angle of right scapula, and in the side and front on the same level. The bronchial respiration has disappeared. On taking a full inspiration, the patient complains of no pain. For the last two weeks he has been able to lie down in bed, and speaks of returning the elevator to the Massachusetts General Hospital. He walks into the adjoining room, but his gait is feeble; the knees and lower extremities are very weak; twenty pounds of flesh have probably been lost in this illness.

Much credit is due in the management of this case to good nursing, to the intelligence and zeal of the different members of the family in carrying forward my treatment, and in seconding every suggestion. This energy was not intermitted, although Mrs. G., soon after the crisis of his disease, was seized violently with colic, from the effects of which she did not recover for two weeks.

Another fortunate circumstance aided us materially. Mr. C., a warm friend of the family—who had resided many years in Paris, and accustomed to the care of the sick—was fortunately in the city, and served as a faithful watcher every alternate night. His morning bulletin gave an intelligent account of the progress through the night.

There are several particulars in this case deserving of attention:—

1st. The age and vigor of the patient.

2d. The extraordinary exposure.

3d. The severity of the attack, and the extensive surfaces involved.

4th. The good condition Mr. G. is attaining after so desperate a struggle with a disease so frequently mortal.

MEDICAL BOTANY OF NORFOLK COUNTY.—NO. II.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Josiah Noyes, M.D., of Needham.

Quickly responsive to the shrill piping from the innumerable tenants of our meadows and stagnant waters, and warmed from above by the genial sun's rays, and from below by the earth's coöperative influence, the vegetable world rouses from its dormant and desolate state and assumes the appearance of renewed life. The meadows and shaded places are often the first to exhibit the appearance of returning spring. Many plants, as though forgetful of the order of nature, put forth flowers before leaves; among which are the elm (ulmus), hazel, alder, maple, blood-root and skunk-cabbage, &c., the last of which, though it has borne the various generic names of Pothos, Ictodes, Dracontium and Symplo-carpus, receives from all its deserved and appropriate specific designation of fœtidus, as the olfactories will never mislead you in the recognition of this plant. It is accredited for stimulant, antispasmodic and narcotic powers, and is given in doses of ten to twenty grains. By drying, it loses strength. The leaves are sometimes applied to abraded surfaces, or follow the vesicating plaster as a subsequent dressing. Its principal use is as an addition to expectorant mixtures, a diffusible stimulant and anodyne in nervous disturbances and commotions. It has doubtless, in its recent state, and in free, full doses, considerable control over the spasmodic dyspnœa of asthma, taking the place, if rightly managed, of stramonium or hot coffee. An extract probably might be formed from it that could be kept without deterioration for a considerable length of time; perhaps an alkaloid might be extracted from it. In meadows and wet land, it may very easily be detected early in the spring, when it appears as a dark-brown or purplish-variegated cone projecting from the earth, without surrounding leaves. These subsequently appear, and are very large, the flowers having disappeared. The flowers can only be detected very early.

Associated with this, you will observe, later in the season, on the borders of brooks and in meadows, a plant with a stalk rising from three to five feet, with handsome, large, plaited leaves, and a large panicle of greenish flowers; this is the famous Veratrum viride, the therapeutic powers of which have come into notoriety through the praiseworthy exertions and investigations of a neighboring District Medical Society. You, of course, are familiar with them, and will not require me to dwell upon this plant now, as the rapid advance of the season, and, of course, vegetation, will call forth the most active and diligent exertions of the botanist to keep pace with it. In strong but modest contrast with these are the Coptis, or gold thread, used in aphthous affections of infants, and Violet—both with modest flowers—a species (pedata) of the latter having demulcent and expectorant powers. From another species (V. odorata), the violina, or violine, said to be analogous to emetine and "highly poisonous" (Orfila), is obtained in the form of an alkaloid.

The violet family, of the natural order Violaceæ, is very numerous, very common along our roads, in pastures, meadows and waste places. Some have white, some yellow, but most blue flowers. Some have already flowered; others will appear successively through the season. The Coptis has a single species, trifolia, and is less common in our vicinity. Of equal modesty is a plant, already flowered, occasionally met with in woods and pastures, of quite diminutive size, the Hepatica, of which there are two species, H. triloba, and acutiloba, or liverwort. This is a well-known demulcent, and was, for a time, of great repute and notoriety, in all the newspapers and in all the shop windows, as a cure for all coughs, &c. It has had its day, like many others, and is now little thought of, except as a mild and safe demulcent, as said above. The Anemone, or wind flower (anemone), is another genus of the natural order Ranunculaceæ, which includes many acrid plants, has two species flowering early, a little before or about this time, bearing very delicate and pretty flowers, white, with purplish back to the petals; and two large, coarse, hardy species flowering later. Of the former are, A. nemorosa and thulictroides, or, as Gray has it, Thulictrum anemonoides, reversing the terms; and of the latter, A. cylindrica and Virginiana. The Pulsatilla, of some note with some practitioners, you may search in vain for in this vicinity, as it is found at the West.

Other flowering plants, or those that have flowered, or are now in flower, are, Ulmus, elm; Corylus, hazel, hazel-nut or filbert, of the natural order Cupulifera; the Alnus, alder, of natural order Betulaceæ; Salix, willow, several species, of natural order Salicaceæ; Cassandra calyculata, formerly Andromeda calyculata, leather-leaf, of natural order Ericaceæ—a good diuretic and tonic; Acer, maple, of subordinate order Acerineæ, natural order Sapindaceæ; Caltha palustris, marsh marigold, or often called "cowslip," growing in swamps and meadows, with large, bright yellow flowers, now in flower and for the past fortnight, often gathered and used, boiled, for "greens," but of the order Ranunculaceæ, which includes many acrid plants; Polygala paucifolia, in flower about this time, is seen on roadsides under bushes, having a few leaves at the top of the stem, larger than other species seen hereabout, and rubbed between the thumb and finger emits a fragrant odor—its common name fringed polygala and flowering wintergreen—it is expectorant and aromatic. Another species, not found here, is the P. senega, a well-known expectorant—natural order Polygalaceæ.

I would call your attention, at this time, to a good astringent found by walls and fences, around the borders of fields and pastures, and under bushes—the Geranium maculatum, cranesbill, of natural order Geraniaceæ, having purple or purplish flowers, modest, yet handsome. The root is the medicinal part, being used in powder or infusion in dysentery and diarrhœa; it is perennial. Other astringents may call for your attention for weeks or months to come, viz., the oaks, birches, willows, in their numerous species and varieties, the Rubus, or blackberry, &c.

The beautiful Cypripedium acaule, lady's slipper, of natural order Orchidaceæ, will be seen in woods, with its inflected, purple-veined, unique flowers (calling the most conspicuous part such), with two large, handsome leaves at the base of the stem. It has some reputation as a tonic, stimulant and antispasmodic; and is, as Dr. King says, "extensively used in nervous disorders of females, both during pregnancy and in its absence." The C. pubescens, with yellow flowers, is included in the secondary list of the new revised U. S. Pharmacopœia. This plant, in several of its species, deserves a place in the flower garden. Its alkaloid is cypripedin—dose three grains.

The beautiful and delicate Sanguinaria, bloodroot, now in blossom under my window as I write, is occasionally found within our reach, but more commonly farther back in the State; it is easy of cultivation, and where it gets a foothold will stick and revel as though in its own *habitat*. The flowers are pure white, showy, and precede the leafing; natural order Papaveraceæ. It has with us but one species—S. Canadensis—and is one of our most efficient expectorants; in large doses, ten to twenty grains, a prompt emetic; given in powder, it is also a good escharotic. It takes both its scientific and common name from the color of its juice.

By a nice coincidence, as the destructive caterpillar comes forth about the 20th of April, or a little later, and needs food, the Prunus serotina, wild black cherry, opens its buds to feed it with its young and tender leaves. These seem its most cherished food, though it makes little objection to a taste of the tender leaves of the apple. But my business is not with insects. The Prunus thus introduced to your notice is a valuable tree and medicine; of natural order Rosaceæ. The Prunus Virginiana of the U. S. Pharmacopœia appears to be the serotina of Gray and Cerasus serotina of Wood; and though the U. S. Pharmacopœia calls it P. Virginiana, its bark is said to be of the Cerasus serotina; it possesses tonic and sedative power, and is used in dyspepsia, phthisis, hectic and intermittent fevers. It is said it enters into, and doubtless aids the sale of, "Wistar's Balsam of Wild Cherry" and "Ayer's Cherry Pectoral." The berries of the choke-cherry, P. or Cerasus Virginiana, are strongly styptic, and are used in aphthous affections and looseness of the bowels, as dysentery and diarrhœa. The berries of both species are much used, steeped in spirit, for such complaints.

Of the Elms there are two species, besides a variety introduced, viz., Ulmus Americana and fulva, or American white elm and slippery or red elm—the former the noblest and most graceful ornamental tree used on roadsides and about dwellings, and possessed of astringent powers; and the latter, rare in this vicinity, used as a demulcent. Both have already flowered, but the seeds may yet be seen.

As we abound in tonics and astringents, especially the latter, the Rubus, blackberry; Comptonia, sweet fern; Ceanothus, American tea; Quercus, oak; Sanicula, sanicle; Agrimonia, agrimony; Geum, avens, will claim some attention as the season advances. Two species of the Rubus—R. villosus, tall blackberry, with a stem stiffly erect, and R. Canadensis of Linnæus, but trivialis of Pursh, Bigelow, and others, a trailing plant, whose berries are eaten and sold in the market—have roots valued for their astringency. These are very common around us. The Comptonia asplenifolia, or sweet fern (though it is no fern), is a well-known, sweet-scented bush, often a perfect miniature tree one to two feet high, combining a balsamic with its astringent property, like the Inula helenium, elecampane, with its expectorant power. The Ceanothus Americanus, New Jersey tea, or red-root, has been used as a substitute for tea, and I wish further experiments might be made with it. A decoction of its root is employed as an astringent, like others of its class, internally in aphthous affections, sore throat and looseness of the bowels, and as an injection in leucorrhœa. It is a bush found among other bushes, and bears dense clusters of small, white flowers in July. It is of the natural order Rhamnaceæ—buckthorn tribe. The avens, Geum rivale, an excellent astringent, is found in wet ground, with purple, nodding flowers. The sanicle, Sanicula, has two species—S. Canadensis and Marylandica—found in woods and pastures, with flowers rather inconspicuous, in small umbels in June, &c.; its medicinal properties are given above. Agrimonia eupatoria, common agrimony, is often seen on roadsides, among bushes and by fences, and is known by its long, branching spikes of yellow flowers, scattered along the stem, with hooked bristles at the base; a good and efficient astringent, and of natural order Rosaceæ, which embraces many of our most useful and safe plants. The same may be said of the Statice limonium, marsh rosemary or sea lavender, growing on salt marshes, abundant in your vicinity, Mr. President, with a profusion of purplish or lavender-colored flowers in a panicled corymb, a foot or two high, of natural order Plumbaginaceæ and artificial class Pentandria, order Pentagynia; flowers in August and September. This must not be confounded with the Rosmarinus, a foreign plant, and of very different properties, though of the same generic and common name, calculated to mislead. Others, perhaps equally interesting, might be noticed had we time, but these will be as many as can be well remembered at this time.

PARALYSIS OF THE PYLORIC PORTION OF THE STOMACH.

By W. G. Frost, M.D., Pownal, Me.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. R., æt. 45, of previous good health, except an occasional attack of bilious derangement, was suddenly attacked, on the 14th of May, with urgent dyspnœa. Severe from the first, the symptoms presently became alarming. She obtained relief in an hour, when an emetic was administered, followed by a cathartic, which operated freely. Through the day following she remained nauseated, but on the 16th was better, and a speedy recovery was expected. She then unwisely ate some rich broth, and presently commenced vomiting, which continued in severe paroxysms till the evening of the 18th. On the 19th she was comfortable, but could not retain food or medicine on the stomach. The bowels had not moved since the 15th, but there were no signs of mechanical obstruction. There was no pain, no tympanites; the pulse had not been above 70, full, strong and normal; tongue foul; much thirst; skin dry and hot. "A deathly feeling at the pit of the stomach," was all she complained of. On the 20th the bowels had not been moved, and a drop of croton oil was given and accompanied with cathartic enemata. No movement of the bowels followed. Satisfied that physic had been sufficiently tried, it was dropped, and the case, thoroughly investigated, was diagnosticated as one of paralysis. Acting on this decision, the patient was placed on nux vomica, and the electric current was passed from mouth to anus and repeated in three hours.

May 21st.—The patient passed a comfortable night. One operation from the bowels this morning. A physician saw the patient with me in the afternoon. He confirmed the diagnosis, advised the treatment continued, and made a favorable prognosis. Two more operations of the bowels at night.

22d.—Patient is feeling somewhat better. Has taken beef-tea and gruel to-day, and retained them well. Repeated the electrical current and continued the nux vomica. One operation to-day.

23d.—Treatment continued. One operation.

24th.—Gave two compound cathartic pills. Repeated galvanic current. Continued nux vomica. Two operations to-day.

25th.—Patient steadily improving. Discontinued the use of the battery and nux vomica. Bowels respond readily to physic.

Throughout the case the pulse was normal, except under the excitement of the battery it rose to 85, and once to 92.

EXAMINATION OF THE EXTERNAL AUDITORY PASSAGE.

To the Editors of the Boston Medical and Surgical Journal.

In the interesting article from my friend Dr. Shaw, on this subject, in your Journal for May 30, occurs the following sentence:—"From the great uncertainty which attends the weather, recourse must be had to artificial light, which will be found an efficient substitute" (that is for ordinary daylight or sunlight). One of the great advantages which the method of illumination of von Troëltsch, of which Dr. Shaw justly speaks so highly, is, as it seems to me, the fact that we are *never obliged* to substitute lamp or gaslight for ordinary daylight, even if the weather be cloudy or stormy. I have never as yet seen the daylight which was not sufficient to fully illuminate the auditory canal and membrana tympani, when reflected by the concave mirror. Believing, as I do, that the introduction of this simple means of examination has done more for the advance of our knowledge in ear disease than any one suggestion ever made in this province, I am induced to ask you to insert this as an addendum to an article which has done a real service to the profession. If I am correct in my views of the adaptability of the mirror to any weather, cloudy or pleasant, its use becomes still more simple.

Respectfully,

New York, June 3d, 1867.

D. B. St. John Roosa.

THE FEVER THERMOMETER.

(Concluded from page 370.)

A few months since, a young man, 18 years of age, and by occupation a farmer, presented himself to me with the following symptoms: Had been "feeling badly" for about ten days; slight headache; tongue lightly coated; urine high colored; some diarrhœa; pulse 86. He had no chills; his appetite was not much impaired; his bowels were not tympanitic, and he was performing his regular work upon the farm.

Was this a case of simple malaise, autumnal diarrhœa, or typhoid fever? It did not seem to me easy to decide. But on applying the thermometer to the axilla, the mercury rose rapidly to 103. This enabled me to exclude the two former, and the patient was accordingly warned that his disease was probably typhoid fever, and was advised to take his bed, which he was soon glad to do.

Three days after, the symptoms had become well marked, and indicated a case of rather more than usual severity. On the ninth day, there were perceptible signs of convalescence, and the case progressed finely until the thirteenth day, when his symptoms were as follows: Very slight meteorism of the bowels; pulse 76; tongue and teeth clean; no delirium, and a moist skin, the temperature of which was 99. A speedy convalescence was predicted. On making my evening visit, eight hours after, I found him apparently comfortable, but a slightly corrugated appearance about the eyebrows arrested my attention. The pupils were slightly contracted, and he complained of a disagreeable feeling in the head, although no pain. He was in an unusually happy frame of mind, which was the more noticeable as the degree of exhilaration was equal to that caused by the taking of cerebral stimulants. His pulse was a little quicker; otherwise his symptoms were unchanged. There was no suppression of the urine, and he had taken no opiates. Had had considerable company during the day.

Were these symptoms owing to simple fatigue, or to the advent of cerebral disease? The thermometer indicated his temperature at 105°, a rise of six degrees in eight hours. From this fact, I judged that meningitis had supervened, and an unfavorable opinion was at once given. The prognosis was confirmed on the following day by his death, preceded by coma and convulsions.

In making a differential diagnosis between the different forms of hysteria and the diseases which they so often simulate, I have found the thermometer of almost invaluable aid.

A few days since I was called to a maiden lady, 30 years of age, and found her condition as follows: She had been out the day previous, and wet her feet, which was followed in the evening with chills and cephalalgia. Her temperament was nervous, and her health had been frail for a long time. At the time of my visit, she complained of intense pain in the head, rigidity of the cervical muscles, slight strabismus and great intolerance of light. Pulse 98, and tongue white. Her suffering was apparently intense. She had menstruated regularly ten days before, and this was the first attack of the kind she ever had. Her symptoms were of no slight gravity, especially in these times of cerebro-spinal meningitis. But on careful examination with the thermometer, I found her temperature to be perfectly normal. Consequently my diagnosis was hysteria, and a warm bath, with ten grains of Dover's powder, were ordered. She recovered on the following day.

In the incipient stage of pulmonary tuberculosis, the instrument often enables us to make a positive diagnosis and prognosis, when without it we could at best only conjecture. An illustrative case of this kind has recently come under my observation. A machinist, 24 years of age, who had had two or three attacks of hæmoptysis within eighteen months, was seized with pleuro-pneumonia of the left side. The disease, though violent at first, had nearly subsided at the end of three weeks. A small quantity of fluid remained in the left pleuritic cavity, which occasioned but little inconvenience. He was apparently convalescing very finely. But the heat of the skin remained persistently at 101. This I considered an indication of tubercle, though I could detect none. I gave an unfavorable opinion, but as the friends could not see the need of further attendance, I left my patient under protest. A week later I was recalled, and found my suspicions confirmed by a set of symptoms which indicated plainly that a rapid deposition of tubercle was going on in the upper part of the right lung. His average daily temperature was now from 102 to 103. He died three weeks after, of acute phthisis.

I have found the thermometer quite as useful in the diseases of children as of adults. It is especially so when we find it necessary to exclude from a doubtful group acute hydrocephalus.

Also, it is a point of some interest to note the exact fall resulting from the administration of antimony, veratrum viride, and the warm bath.

My experience in the use of the fever thermometer, though as yet limited, has convinced me of its great practical utility. It has brought to the light of the profession one of the most important phenomena of disease and endowed it with a clear and definite language. He who reads it correctly and brings the principles upon which its use is founded to bear upon his daily practice with an intelligent discrimination, cannot fail to attain a higher degree of efficiency in his diagnosis and prognosis.

ALTERATIVE LAXATIVE PILL.

To the Editors of the Boston Medical and Surgical Journal.

In the course of a long practice, extending over nearly thirty years, I know of no want that I have more constantly felt than that of some means by which the bowels could be kept in regular order, without producing irritation or debility: especially in females and in sedentary gentlemen, who, with the necessity of unremitting brain-work, cannot, or at any rate do not, allow themselves sufficient recreation and exercise to keep the system in a healthful state. To meet this want I prepared, three years since, the following formula: ℞. Pil. aloin cum ferro, gr. xxiv.; ext. nucis vom. alc, gr. vi.; pulv. ipecac., gr. vi. M. Fiant pil. No. xviii. Dose, a single pill.

In order to insure as uniform and perfect a result as possible, I procured the services of the excellent practical pharmaceutist of Boston, Mr. Hunnewell, whose aloin and iron I had used. From that time he has continued to make the pills for me, and to my entire satisfaction. So exactly and perfectly have they supplied the want that I had so long felt, that I have thought it worth while to offer them to my professional brethren, and I do so with entire confidence that none who use them will be disappointed in the result.

The pills are small, about one half the usual pill size. One of these, taken each night, keeps the bowels in a regular condition, operating without pain, and of course chiefly by its tonic power; while the whole system gently but surely feels the strengthening effect of the iron and nux vomica.

I think the formula cannot fail to commend itself to those who have considered the causes of this torpor of the bowels in the class of patients to which I have referred; and I am sure no one will be disappointed, who will give the pills a faithful trial. I presume they can be obtained in any desired quantity of Mr. Hunnewell.

Portland, Me., June, 1867. GILMAN DAVEIS, M.D.

Bibliographical Notices.

Dictionnaire Annuel des Progrés des Sciences et Institutions Médicales (An Annual Dictionary of Medical Sciences and Institutions). By P. GARNIER, M.D., &c. &c. (Third Year, 1866.) One vol., 12mo., pp. 523. G. Baillière, Paris, January, 1867.

THE third volume of this work has reached us, bearing renewed and evident proofs of professional success and substantial encouragement.

This is as it should be, for in all the essentials of a summary adapted to the wants of the busy practitioner it surpasses anything of the kind before or since attempted, being in this respect far ahead of any of the Year Books, Retrospects, Abstracts, and the like, that we have ever seen. The author in this volume, says M. Latour its accepted Godfather, has collected and epitomized with accuracy and intelligence all that has been published in the medical world worthy of being retained, and this with a perfect appreciation of the diversified necessities and multiplied interests of the profession. The more and more emphatic encouragements which the work continues to receive are fully merited, as the author, far from resting on his success, bends all his efforts to merit it the more, by improving year by year this interesting publication. More concentrated analyses, more frequent valuations, less reserved criticisms, comments always judicious but now a little less timid, a more extended bibliography, bolder incursions into purely professional matters, richer indications of facts in medical jurisprudence—these are some of the improvements noticeable in the present volume. The work is, in fact, as its title indicates, an annual history of the progress of medical science and institutions.

In attesting to the truth of the above estimate, what more need be said? Nothing—except to advise every one who has not seen the work, and who wishes to keep pace with the times, to procure it at once. Those who have had the previous volumes will not remain long without this. ⁂

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 20, 1867.

EXPULSION OF MR. BAKER BROWN FROM THE OBSTETRICAL SOCIETY OF LONDON.

The expulsion of Mr. Baker Brown from the Obstetrical Society of London, which we have already briefly mentioned, deserves something more than a passing notice. It is an event which concerns the medical profession everywhere, being a solemn act of a body of enlightened physicians, acting under a strong conviction of duty, and animated by a determination to save the profession from the stigma of a tacit acquiescence in a most reprehensible course of one of its members. Some time since we referred to the controversy then going on in England between Mr. Brown and the opponents of his wholesale operation of clitoridectomy as a cure for epilepsy. We have had no space, nor inclination if we had, to lay before our readers the abominable details and angry correspondence which this controversy has brought out in the English medical journals. It is sufficiently evident that the strongest feeling of indignation must have been aroused to lead to the decisive step which has fixed an uneffaceable stigma upon a man who has heretofore held a high place in the ranks of living surgeons. In order, however, that the final grounds for the action of the Obstetrical Society may be fully comprehended, we publish the following summary of charges, as we find them in the *Medical Times and Gazette* :—

The charges implied in, or deducible from, the published matters may be thus summed up :—1. "That clitoridectomy has been performed by Mr. Baker Brown on married women without the knowledge and consent of their husbands, and upon both married and unmarried women without their own knowledge of the nature of the operation. It will be seen from the case related by Dr. West, and supported by the authority of Mr. Paget, as well as by the statements of the ordinary medical attendant, the patient herself, and her husband, that the clitoris was removed without the knowledge of her husband, and without the ordinary medical practitioner being consulted as to its propriety, although he was present when the operation was performed. These facts stand admitted by Mr. Brown. The lady herself, 53 years old, declared she had never practised self-abuse, and that the operation was performed without her being cognizant of its nature. Mr. Brown, it will be observed, accuses the lady of malpractices, and endeavors to throw discredit on her testimony, but he does not plainly and directly contradict her declaration that the clitoris was cut off without her knowing anything of the operation until after it was performed."

2. "That Mr. Brown has amputated the clitoris entirely on his own responsibility, and without the concurrence of the patient's ordinary medical attendant, who was, notwithstanding, present at the operation. Conduct so directly at variance with the rules that govern the mutual intercourse of professional men meeting in consultation, cannot fail to compromise the ordinary medical attendant, and to place him in a degraded position."

3. There is quite a minor charge, as to whether Mr. Brown did or did not offer to submit the operation to the judgment of the Council of the Obstetrical Society. On which the Council say, "no available request to appoint a committee ever came before either Council or Society, while, on the other hand, the whole of this correspondence goes to show that, while professing to court inquiry, Mr. Brown was really taking considerable pains to avoid it."

4. The charge of "want of credibility as to matters of fact and detail." As an instance of which may be taken Mr. Brown's letter to the Commissioners of Lunacy, in which he states that the Surgical Home "is not open for the reception of females of unsound mind," coupled with the fact that his book is entitled "On the Curability of certain Forms of *Insanity*, &c.," and that some of the cases of insanity were treated in the Surgical Home.

The answers to these charges were not satisfactory to the Council of the Obstetrical Society, and in accordance with the by-laws a meeting was called at their instigation to consider the question of expelling the offender from the Society. The proceedings of that meeting are reported in full in the London journals, and they present a most painful picture of moral obliquity on the part of Mr. Brown or else of extraordinary mental hallucination. The resolution of expulsion was moved by Mr. Seymour Haden, who gave an account of the previous action of the Council in the matter, and earnestly advocated its adoption. He was followed by Mr. Barnes in a most powerful speech, manly and dignified, but most damaging to the unhappy subject of his remarks. Mr. Brown had an opportunity for a reply, although it must be admitted he was hardly listened to with the patience which justice required at the hands of the Society, and was almost driven, at one time, to give up all attempt at defending himself. Silence was at last obtained, however, and he had a full opportunity for all he chose to say. It must be confessed his argument was most lame and impotent, if fairly reported. Dr. Routh and Dr. Savage said all they could in extenuation of his offences, rather in the way of a plea for mitigation of sentence than as a defence of his malpractices. The Society, however, had evidently made up its mind on the subject, and could hardly listen to any other words than those of condemnation.

The by-laws require a vote of two thirds of those present for the expulsion of a member. The vote for the expulsion of Mr. Brown was 194; against it, 38; non-voters counted as against it, 3, making 41—being 38 more than the number required by the by-laws.

And thus has the Obstetrical Society vindicated the honor of the medical profession in England, and established a precedent which cannot fail to have a salutary influence in restraining the rashness of men, who might otherwise be tempted by a desire for notoriety or a thirst for gain into practices unworthy of its members. The example can hardly be limited in its effect to the community where these painful occurrences have taken place, but must strengthen everywhere the spirit of those who are determined to keep it uncontaminated by the debasing tendencies of the time.

Operations for Cataract at the City Hospital in 1866. Messrs. Editors,—Your issue of March 28th contained a just criticism on a remark made in a previous number (but not by myself), that only two failures had occurred in forty-two operations by extraction; to the effect that eight cases remained under treatment, and their results undetermined.

I have been unable till now to send you a supplementary report, because one patient, living at a great distance, has only yesterday reported himself for observation.

Two more unsuccessful cases must be added to the list of failures. But, in one case, the patient had previously had irido-choroiditis, and an unfavorable termination was considered probable before he was operated on, at his request, as a last resort. The other patient insisted on leaving the hospital at a very early date, though a good result was *apparently* secure at the time of her discharge.

One other case resulted in partial success; the pupil being in some degree obstructed by a portion of capsule. This could readily be torn across, but as the other eye recovered good vision, the patient declines even the slight operation required to complete the result in the second eye.

The other cases resulted successfully; and, in regard to your suggestion that this term is to be considered too indefinite, I would say, that the standard has been, ability to read ordinary print—being that adopted by the American Ophthalmological Society. Very truly yours,

Boston, June 11, 1867. H. W. Williams.

Messrs. Editors,—I have learned this afternoon of the death of a very estimable lady in Cambridgeport, thirty-six hours after the removal of a large fibrous tumor and with it nearly the entire uterus. This is the second lady formerly a patient of mine who has lost her life by like reckless and injudicious treatment. Please allow me publicly to protest most solemnly against such practice, and earnestly to beg of my professional brethren everywhere to use their utmost influence to prevent their patients and friends from employing or consulting such practitioners. Yours respectfully, Asa Millet, M.D.

Bridgewater, June 8, 1867.

At a meeting of the physicians in attendance upon Prof. H. R. Storer's course of lectures on the Surgical Diseases of Women, just delivered at Hotel Pelham in Boston, the following preamble and resolutions were adopted:—

Whereas, We, the attendants upon Prof. H. R. Storer's first private course of lectures on the Surgical Diseases of Women, being regular practising physicians and surgeons, have long experienced the disadvantages arising from the very imperfect manner in which these subjects have been treated in our various text-books, and by the professors in our colleges; many of the most important diseases and operations being entirely ignored, by men who think deeply and reason candidly in all other matters pertaining to medicine and surgery; and whereas, we cannot but feel that this class of diseases is the most important, believing it to be the cause of more suffering than any other, therefore,

Resolved, That we tender to Dr. Storer our sincere gratitude for taking the advanced step which he has, thereby giving us, as we hope he will hereafter give others, the opportunity of hearing these subjects discussed thoroughly and impartially.

Resolved, That a copy of these resolutions be presented to Prof. Storer, and sent to the Boston Medical and Surgical Journal and the New York Medical Record for publication. (Signed)

CHAS. M. CARLETON, Norwich, Conn.	H. GEROULD, Erie, Penn.
DANIEL MANN, Pelham, N. H.	E. F. UPHAM, W. Randolph, Vt.
G. E. BULLARD, Blackstone, Mass.	G. J. ARNOLD, Roxbury, Mass.
J. A. McDONOUGH, Boston, Mass.	W. A. I. CASE, Hamilton, C. W.
M. C. TALBOT, Warren, Penn.	W. L. WELLS, Howall, Mich.

Boston, June 15, 1867.

Tumor of the Cerebellum.—The uncertainty of diagnosis in this affection is well illustrated by the following case, which we find in the *Union Médicale*:—

"A case of Tumor of the Cerebellum, communicated to the *Gazette Médicale de Lyon* by M. FRANÇAIS. I hoped, on reading this title, to find something which might help to clear up the functions of the cerebellum, which are still surrounded by obscurity, notwithstanding the numerous works of contemporary physiology; but No! a tumor as large as a pigeon's egg, mammillated, consisting essentially of Robin's cytoblasts, lodged in the centre of the left lobe of the cerebellum, prolonged as far as the opposite side, and to the inferior surface of the tent of the cerebellum, displacing the nervous substance, excavating a bed for itself, this tumor produced only very severe pain in the nape, an extraordinary stiffness of the neck, a kind of torticollis, occipital headache, some epileptiform seizures, a little amblyopia. There was no disturbance of the movements of the life of relation, nor of those of organic life; no affection of the sensibility; no interference with the coördination of movements; no trouble with the generative system. The patient, a young man of 23 years, died slowly in coma, preceded by great prostration and sub-delirium."

Contagiousness of Cholera.—We find the following in the *Union Médicale* of May 14th, contributed by one of the Editors, Dr. A. CHEREAU:—

"Permit me on this occasion to cite a case, almost personal to myself. It needed but this, verified with care, as it has been by me, to place me in the party of the contagionists. It occurred two years since, when the pestilence was committing cruel ravages in Paris.

"One of my patients is a proprietor at Fontenay-le-Fleury, at the very gates of the park of Versailles, of a settlement of workmen, composed of a number of modest dwellings. These tenements form a regular square, enclosing a large court, almost in the open country, far from the village proper. Cholera had never invaded this peaceful place, open to the air, light and sun. A young woman, a resident of this place, came to Paris, to the *rue Dauphine*, for a nursing child, whose mother had died from an attack of virulent cholera; the child was well. Two days after its arrival at Fontenay, it died of cholera; the nurse herself soon followed it, and in eight days the disease attacked many inhabitants of the settlement, killing some, causing extreme suffering in others. The epidemic stopped here, in this square of dwelling houses, sparing the principal portion of the village. Wishing to examine the locality for myself, I visited Pommeray. I interrogated the relatives of the victims, of whom I was able to number the whole. I was convinced, by the eloquence of facts, and the declaration of the residents, "It was that unfortunate nurse who brought the cholera to us from Paris!"

Cholera in Ireland in 1866.—The Rev. Samuel Haughton, M.D., F.R.S., in a paper entitled "A Scientific Inquiry into some of the Causes alleged to produce Asiatic Cholera," published in the London *Medical Times and Gazette*, gives a map of Ireland, showing the course of the disease in that island during the last epidemic. The following is his summary of its progressive appearance in various points:—

I. *Dublin.*—This city received its first case of cholera, as I have already stated (p. 144), in the person of a young woman named Magee, who imported the disease from Liverpool into No. [illegible], City Quay, from which point it spread all over Dublin and the suburban towns, destroying in six months 1186 persons. N. B. The total number of deaths in Liverpool from cholera was [illegible].

II. The towns of the *second* grade are *Belfast*, *Dundalk*, *Drogheda*, and *Wexford*. Of these towns, the first three imported their cholera directly, by sea, from Liverpool, and the fourth town, Wexford, received its cholera, by sea, from Cardiff, in South Wales.

III. The towns of the *third* grade are *Mountmellick*, *Athy*, *Mallow*, *Westport*, *Ballina*, and *Limerick*.

In all these cases there was distinct evidence of the importation of cholera, either from Dublin or directly from Liverpool.

Mountmellick.—September 22, 1866.

Ballina.—September 24, a railway porter.

Limerick.—Before September 26.

Cholera was introduced into the neighbourhood of *Athy*, and into *Mallow*, directly from Liverpool; and its entrance into *Westport* was traced by those residing in the neighbourhood to importation from Liverpool.

IV. The towns of the *fourth* grade are *[illegible]*, *Carrick-on-Shannon*, *Longford*, and *Athlone*.

V. The towns of the *fifth* grade are *Carlow*, *Roscommon*, and *Clonmel*. I traced the introduction of cholera into Carlow to a case imported from Dublin.

VI. The towns of the *sixth* grade are *Cork* and *Ballinasloe*. Cork was threatened, early in the season of pestilence, by the arrival of the *Helvetia* off the harbor, crowded with German emigrants, among whom cholera had broken out. The *Helvetia* was ordered back to Liverpool, and imported the disease into that town, from which place it was subsequently introduced into Cork. Ballinasloe received its cholera from Drogheda.

VII. The towns of the *seventh* grade are *Clones* and *Newbridge*. Cholera was introduced into Clones from Dundalk, and into Newbridge from Dublin.

VIII. *Tralee.*

IX. *Mullingar* and *Portarlington*. Portarlington received its cholera by importation direct from Sheffield, in England; and this town and Wexford are the only places in Ireland that received cholera from any other centre than Liverpool, directly or indirectly.

X. *Wicklow* and *Killoughter*. The cholera was introduced into Killoughter, as shown on the map, by a herring boat from Balbriggan, and not from Belfast as might be supposed.

XI. *Kilrush* and *Bantry*. The cases of these two towns are described in the letter of Dr. C. C. King already given.

From the foregoing analysis, it appears that of the twenty-nine chief towns named—

Four towns received cholera by steamboat from *Liverpool*.

Twenty-three obtained cholera from *Liverpool*, either directly or via *Dublin, Drogheda* and *Dundalk;*
One obtained cholera from *Cardiff;*
One obtained cholera from *Sheffield;*
and further, that in every case cholera showed a preference for travelling by railway trains, instead of trusting to epidemic influences.

Iowa State Medical Society.—This body adjourned on Thursday night, May 23d, after a protracted evening session, having been together for the full period of two days. The amount of business transacted was very large, and it was apparent that members of the various standing committees had given a great deal of attention to the various subjects assigned them, and in consequence the reports generally, both written and verbal, attracted deep and absorbing attention, excluding almost entirely extraneous and irrelevant matter from the arena of discussion. Dr. Baker delivered the annual address, the subject of which was, "Medicine not an Exact Science." The discourse was liberal in its tone, full of striking and useful thoughts, and occupied a short half hour in the reading.

Boston Public Baths.—Some idea of the great and growing usefulness of the free public baths may be gained from the fact, that on Saturday last the number of bathers at one of them, that at Cragie's bridge, was over twenty-three hundred, and this is only one of twelve similar establishments.

Infectious, Contagious and Pestilential Diseases.—Dr. E. B. Dalton, Sanitary Superintendent Metropolitan Sanitary District, has notified every physician in the Metropolitan Sanitary District to report to the Metropolitan Board of Health all cases under their care of such diseases as have been declared by said Board to be of an infectious, contagious or pestilential character, and that the following have been so declared:—cholera, yellow fever, smallpox, ship or typhus, typhoid and scarlet fevers, and measles. It is not intended to make these reports public, or to annoy patients or their families with visits from sanitary inspectors, unless when the physician's report shall show the necessity therefor.—*Medical and Surgical Reporter.*

The International Ophthalmological Congress, which was to have held its annual meeting in Vienna, will be held in Paris. This change has been made on account of the expected presence in that city of a large number of men of science during the present summer, and the impossibility of turning the current towards Vienna. The Congress will be opened on the 12th of August, and will be followed immediately by the International Medical Congress.

The Quarterly Journal of Psychological Medicine and Medical Jurisprudence, is to be the title of a new medical periodical to be issued the 1st of July next. The contents will embrace: 1. Original articles on the Physiology and Pathology of the Mind and Nervous System, and on questions of Medical Jurisprudence. 2. Selections and Translations of Memoirs from Foreign Journals. 3. Reviews and Bibliographical Notices. 4. Chronicle of the Physiology and Pathology of the Mind and Nervous System and of Medical Jurisprudence. It will be edited by William A. Hammond, M.D., of New York.—*Medical Record.*

General Association of the Physicians of France.—The eighth meeting of this association was held in Paris on the 29th of April, this being the ninth year of its existence, no meeting having been held in 1865 on account of the epidemic of cholera in Paris. The association numbers 6,293 members; during the past year 136 members have died, and 220 new members have been added. Its finances are in the most prosperous condition, its capital amounting to 471,535 francs. During the past year the legacies and gifts to the association have been 13,113 francs, and the sum distributed for charitable purposes has been 27,452 francs. Since its foundation it has distributed more than a hundred thousand francs in this way.

Coercion exercised upon Doctors in Peru.—The *Gaceta Medica* of Lima contains the following enactment of the Governor of Arequipa. No medical man is allowed to refuse assistance to any one, either by night or day, under a fine of £10, which may be enforced by the party thus refused. The like penalty is incurred by any apothecary who shall refuse to make up a prescription or to administer any remedy, be it in the course of the night or day.—*London Lancet.*

THE medical profession in Vienna is to be represented at the International Congress at Paris in August by Professors Oppolzer and Sigmund, Dr. Benedikt, Professor Duchek, and Dr. Wittelshöfer.—*Med. and Surg. Reporter.*

DR. DANIEL G. BRINTON, formerly Surgeon and Brevet Lieut.-Col. U.S.V., has become an associate with Dr. S. W. Butler, Editor *Philadelphia Medical and Surgical Reporter.—Medical Record.*

DR. MARTYN PAYNE, the venerable Professor of Materia Medica in the University Medical College, has retired from the active duties of his chair, after an acceptable service of twenty-five years, and is now Emeritus Professor. His successor, Dr. William H. Thompson, brings eminent qualifications to the position.—*Ibid.*

The International Sanitary Conference on the subject of cholera, which was formally opened at Constantinople on the 13th of February, 1866, closed its sittings in October last.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 15th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	28	26	54
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.2	34.5	69.7
Average corrected to increased population - - - - -	00	00	77.62
Deaths of persons above 90 - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Relation to General Medicine of the discoveries and advances of Ophthalmology during the last Decade. A translation by B. Joy Jeffries, M.D.—On Bryonia Alba. By John C. Peters, M.D.—Report of Annual Meeting of Rhode Island Medical Society.—Case of Cerebro-spinal Meningitis. By J. Baxter Upham, M.D.

BOOKS AND PAMPHLETS RECEIVED.—Fractures of the Lower Extremity. Treated by the use of the Suspensory Apparatus. By N. R. Smith, M.D., Professor of Surgery in the University of Maryland.—Circular No. 5. War Department, Surgeon-General's Office, May 4th, 1867. Report on Epidemic Cholera.

DEATHS IN BOSTON for the week ending Saturday noon, June 15th, 54. Males, 28—Females, 26. Congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 5—consumption, 13—cystitis, 1—diarrhœa, 1—dropsy, 2—dropsy of the brain, 2—dysentery, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—infantile disease, 1—insanity, 1—jaundice, 1—congestion of the lungs, 2—inflammation of the lungs, 1—marasmus, 3—old age, 1—paralysis, 1—smallpox, 2—syphilis, 1—unknown, 6.

Under 5 years of age, 19—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 30—Ireland, 17—other places, 7.

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ON SOME OF THE USES OF BROMIDE OF POTASSIUM.

By C. L. Hubbell, M.D., of Troy, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

Among the remedies which have within the past few years been brought to the notice of the medical profession, there is scarcely one which, in my hands, has so seldom disappointed me, and so uniformly been of service in those diseases to which it is applicable, as bromide of potassium. For a long time it was but little used in medicine, and chemists and photographers chiefly consumed the small amount produced. Its use in medicine was confined mainly to the treatment of scrofula and analogous diseases, for which iodine and its salt—iodide of potassium—were used, and with the exception of some of the later editions of the U. S. Dispensatory, no mention is made of its remedial powers, except in scrofula, bronchocele and enlarged spleen. About the year 1850, the Medical Department of the U. S. Army issued to each general and post hospital one ounce of "brominium, with printed directions for preparing and administering Bibron's antidote to the poison of serpents." In 1854, Thielmann, a Russian physician, recommended it as an excellent anaphrodisiac remedy in satyriasis, in the frequent and painful erections during gonorrhœa, in spermatorrhœa, and in nymphomania. In 1860, Sir C. Locock, in the London *Medical Times and Gazette*, recommended the bromide as a remedy having considerable influence in those epileptiform affections having their origin in ovarian irritation, and in 1862, Dr. Wilks, of Guy's Hospital, in some clinical remarks, illustrated by cases, speaks highly though cautiously of the new remedy as one of decided value in the treatment of epilepsy occurring both in males and females, and states that he continues to use it in all new cases which come before him, believing it to be wise to adopt some such remedy in the first instance. In 1862, Dr. A. Garrod, in the London *Medical Times and Gazette*, after about nine years' extensive trial of the medicine, speaking of the comparative results with the iodide of potassium in certain syphilitic eruptions, thus sums up the result of his observations:—

I. When pure (free from iodide of potassium) it did not give rise to any of the symptoms to which the name of iodism has been applied.

II. It produces no irritation of the mucous membrane of the nose and fauces—no coryza.

III. Some patients experience a peculiar sensation of dryness of the throat and neighboring parts.

IV. When given in large medicinal doses, sleepiness or drowsiness, and dull headache were occasionally noticed.

V. When administered in very large amounts, some loss of power was noticed in the lower extremities, which passed off when the medicine was discontinued.

VI. The therapeutic action was decidedly what may be termed alterative—that is, it relieved certain forms of chronic disease, as syphilitic skin affections.

VII. No marked action was observed on the skin or kidneys. Then he says, soon after these observations had been made, and Sir Charles Locock had made known its value in hysterical epilepsy and the nervous affections connected with uterine disturbance, he was led to make further trials of the remedy, and found that—

VIII. Bromide of potassium exerts a most powerful influence on the generative organs, lowering their function in a remarkable degree.

IX. It is a remedy possessing most valuable powers in diseases dependent upon, and accompanied by, excitement or over-action of the generative organs; and hence it may be given with advantage in nymphomania, priapism, certain forms of menorrhagia, especially that occurring at the climacteric period; as likewise in nervous convulsive diseases dependent on uterine irritation; and, lastly, in some ovarian tumors.

X. It appears to produce an anæsthetic condition of the larynx and pharynx; and hence has been usefully employed in examinations of and operations upon those parts.

In the London *Lancet* of May, 1864, bromide of potassium is recommended by Dr. Henry Behrend as a remedy worth trying in cases of loss of sleep, attended or caused by much mental excitement, and as especially adapted to those cases where opiates fail, or make worse instead of better.

In an article published in the *Dublin Quarterly Journal*, in 1864, by Dr. McDonnell, of the Jervis Street Hospital, the attention of the profession is again called to this remedy, and its efficacy substantiated, by numerous cases of epilepsy in *males* and *females* successfully treated; and reference is made to Dr. Brown-Séquard, Dr. C. Bland Radcliffe and Sir C. Locock, all of whom had previously used it extensively, and with a great degree of success.

Having thus given a partial historical *résumé* of the uses of bromide of potassium up to the present time, I propose to give the results of my own experience in its use, in epilepsy, in spermatorrhœa, and as a sedative in certain nervous diseases; and first of its effects in epilepsy, illustrated by a few cases.

Case I.—Miss B., of this city, employed on a sewing machine in a collar factory, applied to me in the summer of 1863. She had one fit each month, usually a day or two before the appearance of the menses, which were neither profuse nor attended with great pain. She was otherwise perfectly well, but the fits were increasing in severity, and she had once fallen in the street. It was then nearly a year since the first attack. I gave her at once a solution of the bromide of the following strength:—Potass. Bromid., ℥ i.; aquæ, f℥ viij. Dose, a teaspoonful after each meal. At the next menstrual period, when at work over her machine, she was seized with a sudden dizziness, but there was no convulsion and no loss of consciousness, and in a few moments she was able to resume her work. Encouraged by this effect of the medicine, I advised her to persevere in its use. She left the city shortly after, and I saw no more of her, but was told by an aunt of hers living here, that Miss B. continued to take the medicine for four months, that she had never had a fit since, and was about to be married—this was just a year after commencing the treatment.

Case II.—Mrs. J., of Green Island, aged 48, of melancholy disposition, had never had any children; came under my care first in November, 1864, complaining of pain in the head, dizziness, "hot flushes," and various other symptoms, which sometimes attend upon that period known as the "turn of life." She was at times very despondent, and would shut herself up for days at a time, refusing to see any one. I prescribed such medicine as seemed appropriate to her condition, and which relieved her to some extent, when one evening I was sent for in haste to see her, and the messenger stated that she had had two fits in succession. Judging them to be probably hysterical, I carried over with me some fluid extract of valerian, but on arriving at the house, found that she had fallen suddenly, and without any warning—was greatly convulsed—in short, that I had to deal with epileptiform hysteria. Furthermore, I ascertained upon inquiry, that it was just the period in the month (six months having now elapsed since the last appearance of the menses) when she should have been unwell, had she been regular. I then commenced with the bromide, in the same doses as in Case I. She had twice afterwards, at intervals of about a fortnight, a light seizure in bed at night; then for two months there was no recurrence of the fits. She then discontinued the medicine, and began to have fits again, not so severe as at first, but sometimes two or three in a week. I then urged her to persevere with the medicine, and increased the strength, giving of the bromide—℥ ij. in water f℥ viij.—a teaspoonful three times a day. This solution she took steadily for five months, and never had a convulsion after the first dose; is now at this date in the best of health and spirits.

Case III.—M. A. M., a stout, healthy-looking, intelligent Irish girl, 19 years of age, came to me from Williamstown, Mass., in June, 1866. Her mother, who came with her, stated that she began to menstruate at 14 years of age, and *always* at each period had one severe convulsion, usually falling when at her work, and was stupid and prostrated for the remainder of the day. In this case I used the solution of the same strength as in the last case, and in the same doses, and felt perfectly confident, from the pathology of the case, in assuring my patient that she would be cured. In her first letter, written after the next period, and when she had taken the medicine only three weeks, she says: "I had a light fit this time, and got over it very soon; I am much encouraged, and think I shall get well." In the second letter, she says: "I am certainly getting better. I had no fit, but felt dizzy for a few moments, and held on to the table. In a few moments I got over it. I shall go on taking the medicine. I have great faith I shall be cured, for surely I am better these two months." I heard no more from this patient until January, 1867, when she wrote that she "had no fits at all, thanks be to God." To this I would add respectfully, and with all reverence, thanks be to God, and Sir Charles Locock too, for it is to him that the unfortunate epileptics owe a debt of gratitude they can never discharge.

Case IV.—E. S., of this city, clerk, aged 24, of good habits, but formerly used tobacco excessively; never contracted the habit of masturbation; since the age of 17 had severe epileptic fits, as often as once a fortnight, and at times twice a week; had frequently fallen in dangerous places, and had sometimes been severely injured. He bears upon his face the scars of wounds received in his falls, and was known to several of our physicians and to our police as a confirmed epileptic. In May, 1866, when engaged in hoisting goods, he was suddenly seized, and fell from the third story of the store to the pavement beneath, a distance of thirty feet, fracturing his right thigh and one or more ribs. For a day or two his recovery was doubtful, but he got well, and with a good leg too. During his convalescence, Dr. Charles Freiot, his attending physician, advised him to try bromide of potassium for the cure of his epilepsy. This was in June. He took it but a short time, but enough to see that it exerted a controlling power over the disease. Owing to his lack of means, being out of employment, and the expensiveness of the medicine, he discontinued it during the summer. In November last he commenced taking it again, buying a quarter of a pound at a time, and mixing it himself—one ounce of the salt to a half pint of water—a teaspoonful three times a day. From that time to this day he has not had the slightest epileptic seizure, and expresses himself as feeling well and in excellent spirits. He has not yet discontinued the remedy altogether.

I might relate other successful cases, but these are enough for the pages of your JOURNAL, and enough to convince the most skeptical that, in cases of epilepsy, not having their origin in organic disease of the brain or spinal marrow, its bony walls or its membranes, we have a remedy which should be faithfully tried, and which will, in a large proportion of cases, effect prompt and permanent cures. "*Post hoc ergo propter hoc*" is, I am aware, the argument which too often attaches to some new remedy; but this will, I think, stand the test, if administered in those cases to which it is applicable. It is not infallible by any means, nor is any remedy for any disease.

In a future number, I will relate some cases illustrating the power of bromide of potassium in spermatorrhœa, together with such conclusions as I have arrived at from its use during the past five years.

Troy, N. Y., May 27, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MARCH 25th.—*Large Cancerous Tumor in the Stomach, with severe Symptoms.*—The case occurred in the Home for Aged Men, under the care of Dr. C. D. HOMANS; the autopsy was made and the specimen shown by Dr. J. HOMANS, Jr.

The patient was a man, 75 years of age, who for several years had suffered from symptoms of dyspepsia, though never very severely; for the last year of his life a tumor had been perceptible just above and about the navel, and extending, when he was erect, nearly to the ribs above; it was firm, not tender, and immovable; the integument could not be moved over the tumor, which projected so as easily to be seen by the eye. He gradually lost flesh and strength, never vomited, was generally constipated, had never passed blood or anything like it, and had a good appetite up to the last, being able to walk about to within a few hours of his death, for which there was no special cause.

Autopsy.—There is to be *seen*, just behind and to the left side of the umbilicus, a tumor of the size of the closed fist.

Head not examined.

Thorax.—Universal old adhesions over both lungs; the apices of both upper lobes were solidified, and contained many small cretaceous masses. There was great œdema of both lungs. Heart normal.

Abdomen.—A scirrhous tumor, nearly globular in form, surrounds and occupies the lower four inches of the pyloric extremity of the stomach. It has infiltrated and attached to itself the anterior abdominal walls, even the skin being slightly attacked, over a space about three inches in extent. The walls of the tumor vary from half an inch to an inch in thickness; its mucous surface is deeply ulcerated. The morbid growth ceases abruptly at the pylorus. The remainder of the stomach is perfectly healthy. Under the microscope, the growth is seen to consist of small cells, of a round or oval shape, packed closely together.

Dr. Jackson thought it the most extraordinary case of cancer of the stomach he had ever seen, with regard to the latency of the disease, considering its extent, and especially its situation. If, as he has often before remarked, the disease is in the body of the organ, and the orifices are unaffected, the symptoms may be so slight as to be but little thought of. Here, it is true, the pylorus, to a small extent, was quite healthy, but the whole circumference of the pyloric portion was extensively and deeply disorganized, and there ought to have been the most marked symptoms of obstruction.

April 8th.—*Chronic Pneumonia or Tubercular Disease.*—The following history of the case was read by Dr. Jackson, as received from Dr. W. Mack, of Salem:—

"I was called to the patient early in February. For nearly a year he had not been so well as usual, had been growing gradually less strong and less inclined to exercise; appetite less good, but had had no pain, distress or disturbance of his functions sufficient to induce him to seek medical advice. He sent for me especially for severe paroxysms of pain in the forehead, occurring mostly in the night. His pulse was about 80, rather feeble; tongue slightly coated; appetite moderate, but digestion undisturbed; no cough; no pain in chest; slight dyspnœa on going up stairs; some chilliness, and indisposition to exert himself. The pain in his head seemed of a nervous character, and gradually subsided, and at the end of a fortnight had entirely left him. When this occurred, finding that he was not otherwise improved, I examined his chest, and, much to my surprise, found the left lung flat on percussion *throughout its whole* extent, with bronchial sounds everywhere, and a few mucous râles; the right lung being *entirely free* from all abnormal sounds whatever—appearing, in fact, perfectly healthy. At this time he had no more constitutional symptoms than I have mentioned, except a gradually increasing debility; no fever; no cough; no pain in chest; no expectoration; no sweating, and little emaciation. Dr. Edward H. Clarke saw him early in March, and will confirm my statement. It was not till about the 14th of March that I discovered any disposition to hectic. From that time his pulse was generally above 100, and his respiration began to increase in frequency; some disposition to perspire came on, though never excessive; strength rapidly declined; mucous râles began to show themselves in various parts of the right lung and increased in the left, but still without any pain, or hardly any cough or expectoration. He died March 31st.

"The right lung had several masses of infiltrated tubercle, from the size of a hen's egg to a pea, scattered through it; most in the lower two thirds; apex nearly free from disease."

The left lung, which was exhibited to the Society, was solid almost throughout from an opaque, whitish, tubercular-looking infiltration. At the apex, where there were some remains of healthy tissue, there was a cavity about the size of a marble, and that was the only one.

Dr. J. remarked that, notwithstanding the short continuance o the symptoms, the disease must have been of considerable duration; and it may be questioned whether it did not date from the time whe the health began to fail. It would by many be called a case of chro nic pneumonia; and Dr. J. thought it especially interesting as showing the pathological connection that he believes to exist, anatomically, between this and tubercular disease.

April 8th.—*Growth from the Heart of a Right Whale.*—Dr. Jackson showed the specimen, which he had received from Dr. Alfred C. Garratt for the Museum of the Medical College. It was of a flattened, pyriform shape, six inches in length, four inches and five eighths at the widest part, and one inch and five eighths in thickness. Dr. G. received it from an old, intelligent whaler, who reported to him that the animal was an old one, though in good condition, taken last year near the Azores, and had been previously harpooned. The growth here shown was attached by its small extremity to the adherent edge of one of the "clappers" (valves), and in another of the cavities of the heart was a perfectly similar formation, which was broken. The organ itself was healthy. The following is the result of Dr. J. C. White's examination:—

"The outer portion of the specimen is a very dense, organized, fibrous material, about one eighth of an inch in thickness at the point examined. Within this shell is a very loose, spongy substance, of a yellowish-brown color, somewhat fatty, and containing a large quantity of inorganic matter, carbonate and phosphate of lime; the whole resembling somewhat the concretions found within the human circulatory system."

Dr. J. supposed the formation to be the result of a coagulation of the blood. Phlebolites are common, but he had never seen cretaceous transformation in a heart clot. The nature of phlebolites, however, he remarked, had of late been questioned.

Bibliographical Notices.

Orthopædics: a Systematic Treatise upon the Prevention and Correction of Deformities. By David Prince, M.D.

Dr. Prince has given us, under the above title, a treatise on the cause and treatment of deformities. It is intended, as the author informs us in his preface, for the use of the general practitioner, who, living in places remote from large cities, must depend, in the treatment of many of his patients, upon such resources as can easily be laid hold of at home. His suggestions, in some instances, are well adapted to the indications. We would instance the extemporaneous splint for extension in morbus coxarius, which is illustrated on page 93. This consists of a shaft of hard wood placed upon the outside of the leg, with a collar of steel at right angles to the shaft, shaped much like a horseshoe, adapted to the thigh, to press like a crutch upon the ischium. Upon the other end there is an iron foot-rod, which is intended to pass into the heel of the shoe. The shaft is made so long that the weight of the body cannot come upon the foot. We cannot speak of this arrangement from experience, but should suppose it might answer as a cheap substitute where a more costly and efficient apparatus cannot be obtained.

The work is divided into two Parts. The First Section of Part I.

treats of Arrest, Redundancy and Misplacement of Development. As an example of arrest, hare-lip very properly receives especial attention. Redundancy, as exemplified in supernumerary or webbed fingers and toes, is barely glanced at. In a systematic treatise like the present, we should have been glad to have seen the treatment of united fingers more fully enlarged upon. The prevention of re-union, after the operation, is a subject well worthy serious attention. The various expedients which have been resorted to, both in Europe and America, have, for the most part, signally failed in accomplishing their object. Liston's plan of perforating the skin, near the root of the fingers, has, we suspect, rarely proved entirely successful. A plastic operation has been suggested, the flap being taken from the dorsum of the hand. The severity of this operation for a young child, and the disfiguring scar, in a part so conspicuous as the back of the hand, will prevent the general adoption of this method. In our experience a silver hook, of the size of a small quill, employed after the division of the uniting medium, the bend of the hook grasping the space at the root of the fingers, its branches extending upon the back and palm of the hand, and kept firmly in position by an elastic cord passing through eyes at each extremity and attached to a bracelet round the wrist, has proved satisfactory. If we are so fortunate as to be able, partially at least, to approximate the edges of the wound by sutures, we stand a very excellent chance for a successful result.

Section II. relates to the perversion of relations of parts through muscular contraction. Dr. Prince justly says, "The interest and importance of this subject justify its consideration to a greater extent. Its correct understanding is necessary to the adoption of such therapeutics as will *prevent* deformity or loss of functions, which is far better than the greatest success in restoring them. . . . . . Great light is thrown upon this subject by the hypothesis, pretty well sustained, that there may be a constant muscular pull in addition to the ordinary muscular tonicity, and independent of, and sometimes in spite of, and in antagonism to voluntary contraction and ordinary reflex action. This constant abnormal contraction results in shortening, rigidity and ultimate wasting of the muscles affected, reducing them to the condition and function of ligaments."

There is no question, in our opinion, of the correctness of this hypothesis, although, upon the same page, we find a citation from a late English writer, Barwell, questioning its correctness. It is at present the fashion, with some authors, to attribute all contractures and distortions to paralysis of the antagonizing muscles. Undoubtedly there are a large number of deformities arising from this cause, and, perhaps, the distinction between these and others is not always easily recognized by one unaccustomed to the manner in which an examination must be conducted in order to arrive at certainty upon that point. The differential diagnosis becomes still more difficult if the cases are viewed through the medium of a preconceived theory. In a majority of congenital cases it can, however, be demonstrated that there is no trace of paralysis. Convulsions, whether in infants or adults, often leave muscles, and most frequently the flexors, in a state of permanent contraction, although there is and has been no paralysis. Such a condition has occurred under our own immediate observation, although pronounced, by the above authority, pathologically impossible.

In several other instances the patient's history and present condition have, unmistakably, proved the possibility of such an occurrence after birth. From analogy we must conclude that a similar state of things may exist in the fœtal state. Not only from analogy, must an unprejudiced observer draw such an inference. A critical examination of a large number of cases of congenital talipes has convinced us of its correctness, although the almost immovable condition, produced by the contracted tissues, may, by some, be relied upon in support of an opposite theory. It would be impossible that paralyzed muscles should, so constantly, *chance* to gain that power both in the infant and the child under the disadvantages of forced inaction from position, previously to coming under our observation and treatment, which we so often find them to possess upon our first examination. It would be equally impossible that they should so thoroughly acquire their tone and action after the cure of the deformity as to be able to retain the foot in its new position without artificial aid. Notwithstanding Barwell's assertion to the contrary, supported in part by our author, we are convinced that talipes varus rarely, very rarely, arises from paralysis. It is in consequence of this pathological fact that this malformation is capable, in a majority of cases, of complete restoration, and gives, to such cases, that perfection of form and action which renders the cured foot indistinguishable from one which was always normal.

Spasm, in the noncongenital cases referred to, and probably, also, in congenital, produces, in the first place, violent shortening of the muscles, which are never entirely relaxed, but held partially contracted; and, finally, the structural or interstitial change takes place rendering it impossible for the muscles to become elongated either by the action of the antagonistic muscles or by mechanical appliances. In these cases division of the contracted tissues is, unquestionably, the all important first step. There are, also, a certain class of cases in which the contraction of one muscle or set of muscles originates in paralysis of another set—where the contraction is strongly marked and where mechanical extension has been tried thoroughly without effect. We may, perhaps, succeed in stretching the muscles to a certain extent, but, the opposing muscles being paralyzed, there is no balancing force, and contraction speedily recurs. In these cases we have found the curious and satisfactory result of division, and the subsequent treatment, to be a gradual yet complete return of power in the deficient muscles.

A case recently under our care was a striking instance in point. A boy 3½ years old came under treatment for varus acquisitus. When 2 years old he began to walk lame and on the outside of the right foot. On examination the flexors of the foot and extensors of the toes were found paralyzed. The foot was inverted and rotated—varus of the second degree. The tendo-achillis and plantar fascia were strongly contracted. Having, under similar circumstances, made the attempt to stretch the contracted muscles by mechanical means alone and failed, we advised division at once. After four weeks treatment there was slight return of power in the extensors of the toes;—in four weeks more there was complete power in flexion, abduction and adduction of foot and extensors of toes; the foot being, in all respects, perfect. In another case, now under treatment, the same effect is taking place but less rapidly.

Dr. Prince makes, in this connection, numerous quotations from Todd, Brown-Séquard and others, which have a bearing upon the point in question.

In treating of the effects of inflammation and perversions of nutrition, in injuring or destroying the tissues, Dr. Prince refers to the contraction of muscles from irritation communicated by sympathy with a neighboring diseased joint, as we so frequently see exemplified in muscles contiguous to the hip ; and the action of the pressure, thus produced, in increasing and extending the disease. The benefit to be derived from extension is enlarged upon, and the splints invented by Dr. H. G. Davis, and improved by Dr. Sayre, for continued extension, are described.

In certain stages of the disease, and under certain circumstances, this splint has undoubted advantages over all others ; but in our experience, its application is beneficial only within narrow limits, and its effects must be closely watched, otherwise both the disease and the consequent distortion may go on unchecked. It has the disadvantage of requiring always to be applied by the surgeon in order to derive from it the greatest amount of good, as rarely can either mother or nurse be trusted to adjust the plasters and screws. The pathological principles upon which it is arranged are, undoubtedly, correct, and should guide us in the treatment of the disease.

The author's remarks upon the recent disuse of the more active forms of counter-irritation in the treatment of joint diseases are certainly worth consideration. In the earlier stages of some forms of hip disease, for example, we have, too frequently, seen the severe pain, the extreme tenderness of the joint where the slightest jar is agony, the nocturnal startings and spasms, and the pain in the knee removed, after having existed for months, by flying blisters, or by an issue preceded, if the state and history of patient render it advisable, by slight local bloodletting, to have a doubt left in our minds in regard to the importance of these remedies. The relief is often immediate ; neither extension, nor rest, nor internal remedies in such cases will have the slightest effect without the aid of local applications in some one or more of the forms which experience has taught us are most beneficial.

Part II. treats of "Particular Diseases and Deformities not yet noticed or only incidentally referred to." Among these, Hip Disease, Lateral and Vertical or Angular Curvature, the various forms of talipes and distorted limbs, receive attention. In the remarks upon Hip Disease, extension appears alone, or chiefly, the object to be aimed at. Experience, however, teaches that this is but one of the indications, and that the most easily answered in the treatment of a disease which is at the same time one of the most tedious, and, especially in its sequelæ, one of the most difficult to manage successfully. We have no description of, or reference to, any instrument by whic distortion and contraction, the almost constant sequel of morbus coxarius that has been neglected in its early stages, can be remedied. I common with most authors on orthopœdic surgery, Dr. Prince fails t supply this desideratum.

In the treatment of deformity arising from hip disease, in the majority of cases we have a fourfold variety of distortion to conten with—shortening of the limb, flexion, adduction and rotation. Fo the first we can employ longitudinal extension by weight and pulley, or by some one of the forms of apparatus which have been invented for this purpose.

Of the different kinds of apparatus we have had constructed, to produce posterior extension and abduction, that which we have found most generally applicable, and which we have been in the habit of using for the last ten or twelve years, is a firm body apparatus, with a strong thigh stem extending upon the outside of the femur, with a rectangular branch to embrace the thigh. This stem is moved in the directions of extension and abduction by two ratchet wheels at the hip-joint; one so arranged as to draw the thigh backward, the other to draw it outward. Sometimes it has been necessary to have a similar wheel attached opposite the knee-joint; the application of the instrument to be preceded, if required, by the division of the contracted tissues, or the operation may succeed a sufficient trial by extension. In a work by H. H. Bigg, recently published in London, is figured and described a somewhat similar apparatus.

Sometimes we employ other means, as, for example, a body apparatus, similar to the above, with spring attachments to act upon the femur in the required directions. If simple rotation is required, as is frequently the case in the earlier stages of the disease, it may, generally, be easily accomplished if the patient is confined to the horizontal position, using the foot as a lever, by means of plaster straps, &c., and fastening them to a cradle or frame placed over the foot, or to the edge of the bed.

We cordially agree with our author in much that he says upon lateral curvature of the spine. The variety of causes which give rise to this complaint are dwelt upon. The hobby mania, which is so apt to be the weakness of specialists, has been particularly exemplified in this class of complaints. In the etiology, for example, we have the spasmodic action of Guérin, the rachitic, the muscular and the ligamentous debility of other authors—later, the horizontal twist of Adams as the universal attendant, and position as the almost universal origin of lateral deviations of the spine; these, and a variety of other causes, have each had their advocates as alone sufficient to account for the occurrence of the primary curve. Undoubtedly, in many instances, it may be traced to some one of the causes enumerated, and there are cases in which, perhaps, all these, and still other causes, have combined to produce the evil.

In the treatment of lateral curvature, the principles which should guide us are those usually applicable in all branches of our profession: avoid routine practice; apply those remedies, in each individual case, which are applicable to that case. In one, it may be the partial adoption of the horizontal position alone which is required; another may require simple local or special gymnastics, or the two methods combined; in a third, an accurately adjusted support must be added; for a fourth, we should make use of the lever principle, as in Hossard's lever belt; in a fifth, it may be evident that only screw pressure of considerable power, associated with a spinal couch, Guérin's sigmoid extension (often a very valuable adjuvant), or one constructed on similar principles, can afford us any hope of success; and, in a sixth, a combination of several of these, and yet other means, may be found necessary; and, in all, our course must be varied in different stages of the treatment.

We would say, in passing, that elasticity as an extending power—by means chiefly of India rubber—appears to be considered by our author as almost universally applicable. This, we think, enlarged experience will prove to be an error. In very many cases the constant action of India rubber, if of sufficient power to produce decided effect, becomes absolutely unbearable, sometimes producing excoriation and sloughing. It is a pressure from which there is no escape, and the nervous suffering caused by the intense desire to obtain relief often greatly exceeds the simple local pain produced by regulated, inelastic pressure. In the same cases it will be found that the steady, firm action of some screw, or other permanent apparatus, will be easily borne; the very simple explanation of this effect being that the pressure can be adapted to the yielding capacity of the part to be acted upon. It yields to the required extent, then there comes an interval of rest, during which it becomes adapted to the state of things and is prepared, after a proper interval, for still farther extension. The incessant, unvarying strain of elastic extension is, in many instances, more than can be borne.

In some incipient or slight lateral curvatures, and in some of the less formidable foot and joint contractions and distortions, the method, by elastic pressure or extension, advocated by Davis, Barwell and Prince, may be employed with benefit. For years before Davis wrote upon this subject or Barwell promulgated "my new method," we have been in the habit, in certain cases, of using rubber webbing, as one of the extending forces, where such an appliance seemed appropriate.

In treating the different forms of talipes our author again depends upon India rubber bands, the chief difference from the method advocated by Barwell consisting in the use of a shield of gutta-percha around the foot as the inferior point of attachment, while the superior is above or below the knee, or even carried as high as the pelvis, and, also, in discarding the refinement of the above author who considers it necessary to follow the course of the paralyzed muscles, and their tendons, with rubber straps; to advocate which theory, it would appear, his work upon talipes was chiefly written.

In those cases where the treatment by elastic extension is advisable, Dr. Prince's gutta-percha shield is certainly a great improvement upon adhesive plaster as a medium of attachment for the rubber. The plan of treatment, however, in which the use of side irons or a brace attached to the shoe, after the treatment is completed, is found useful or necessary, must, certainly, be considered imperfect. A cure cannot be looked upon as perfected in which such an unseemly appendage is required to prevent a return of the deformity. Where extension by rubber, with or without operation, is alone depended upon, we think such an attachment will usually be required; and our opinion, on this point, is confirmed by Dr. Prince's remarks upon this subject.

The apparatus from Biggs, recommended for Genu valgum, is, certainly, as clumsy, and, we should suppose, as inefficient an instrument as can well be imagined; and likewise a simpler and more philosophical instrument should be employed than that recommended for bow legs.

In the last few pages of the work there are some instructive remarks upon the different methods of treatment of deformities from non-union after fractures.

In conclusion we would add that the style of the book is sometimes obscure, too ambitious, perhaps, of a scientific phraseology, while, at the same time, it contains some suggestions which may be useful in the branch of surgery of which it treats. The idea, however, with which the author starts, of simplifying orthopœdic apparatus and rendering it less expensive, we think, on the whole, has not been successfully or thoroughly carried out. Perhaps, from the nature of the case, success in this particular is impossible. Orthopœdic apparatus, to be efficient, must be well and thoroughly made, cautiously adapted to each individual case, while power and compactness must be carefully studied.

The typographical execution of the work is excellent. B. B.

The Intercranial Circulation: an Essay to which was awarded the First Prize of the Boylston Medical Society in 1867. By Thomas Dwight, Jr., House-Surgeon of the Massachusetts General Hospital. Printed for the Author. 8vo., pamphlet. Pp. 28. Illustrated.

Human Cestoids: an Essay to which was awarded the Second Prize of the Boylston Medical Society for 1867. By F. R. Sturgis, House-Surgeon of the Massachusetts General Hospital. Printed for the Author. 8vo., pamphlet. Pp. 81. With illustrations.

The Society, to the members of which the competition for the Boylston Prizes is open, is, as many of our readers are aware, an association of undergraduates in medicine connected with the Medical School of Harvard University. It has an excellent influence upon medical students in Boston, both by its meetings and the stimulus of its annual prizes, of which the two essays which are the subject of the present notice are the fruit of the past year.

Of course in productions of this kind one does not look for any startling novelty, or any very important contribution to practical medicine. The limited experience of the authors must preclude this. The most that can be expected is a thorough and comprehensive study of the chosen subject, evidence of a just appreciation of all its bearings, a thoughtful consideration of the arguments on disputed points, and positive expressions of opinion in evidence of the mental activity of the writer, the whole presented in as good a literary form as possible. Measured by such a standard the essays before us are extremely creditable to the authors.

In the essay on Intercranial Circulation Mr. Dwight, after a general description of the vascular system of the brain, and the special forces which act in carrying on the circulation within the cranium, with a discussion of the agency of each—proceeds to consider the question, how it is that within such a closed cavity the volume of blood is increased or diminished under any circumstances: a question which one unused to physiological inquiries might well hesitate in answering. The conclusion which he adopts, after examining the different opinions which have been held on this question, is, that it is the cerebro-spinal fluid which maintains the equilibrium within the cranium, receding as the quantity of blood increases, and vice versa. The numerous authorities quoted show that the whole subject has been carefully and understandingly studied. The essay is well written, and worthy the attention of any one desirous of refreshing his memory on this interesting physiological subject.

The essay on Human Cestoids is a careful *resumé* of some eighty pages of what is known at the present time of all the species of tape worm found in the human body, including anatomical descriptions, and a history of the development of each. The descriptions are precise and intelligible and are well illustrated by three admirable plates of lithographic drawings by another medical student, Mr. H. P. Quincy. The essay shows a diligent study of the various works on this important subject, as those of Küchenmeister, Von Siebold, Moquin-Tandon, Cobbold, Davaigne, Weinland, etc., as well as contributions to different medical journals. In addition to the best known species we find here descriptions by Dr. Weinland of two new American Tæniæ, one a variety of the Tænia solium, obtained at the Saut Ste. Marie from a Chippewa Indian by Prof. Agassiz, the other a new species, *Hymenolepis flavopunctata,* found in the collection of the Boston Society for Medical Improvement—and a new Cysticercus, *C. acanthotrias,* also from the collection of the Society for Medical Improvement, to which it was presented by Prof. Jeffries Wyman, who obtained it from a woman who died of phthisis in Richmond, Va. The whole concludes with a summary of the different methods of getting rid of these tenacious parasites, that leave their intestinal abode with such extreme reluctance. We can recommend the essay as presenting in a moderate compass a fuller account of the Tæniæ than is accessible in any publication that we are acquainted with. Both of these brochures are published in the highest style of the printer's art, with large type on tinted paper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 27, 1867.

CHOLERA *VERSUS* FILTH.

The writer having never engaged in any of the discussions on the vexed question of the contagiousness or communicability of cholera, offers a few remarks on one point in the causation of that disease, quite aside from that *questio vexata.* The Junior Editor desires to preserve an entire *incognito* upon the subject of the communicability of the malady, the affirmative of which has been sustained by his predecessor, and by the Senior Editor.

We know how difficult it is to generalize in relation to this mysterious and apparently capricious pestilence, and that all the facts in relation to any of its occasional visitations of Europe or America have never yet been obtained, though we are not unmindful, in making this last statement, of the vast labors of the Commission of Constantinople. Nevertheless, we think we may safely assume that *wherever cholera has largely prevailed there has been, and in large measure, uncleanliness of habitation or surroundings.* We propose to illustrate this by mentioning some of the places we have heard most of, as having been visited by the scourge of the present decade. We do this, because we think that in entertaining other considerations, we should not allow ourselves to lose sight of the fact stated in the passage we have above italicised. The converse of that proposition, be it understood, we are fully aware cannot be sustained, viz., that wherever there is uncleanliness within the reach of a cholera epidemic there the disease must be. For instance, the cholera invades Rome, but leaves one of its filthiest quarters—the *Ghetto*—untouched, though at its next visit it rages in the Jews' quarter as elsewhere. We can only infer that filth is *one* among the conditions requisite for an extensive prevalence of the disease.

The cholera invades Marseilles about the time of the arrival of vessels bringing the Mussulman pilgrims returning from the East. The filthy habits of the pilgrim caravans are proverbial, the effect of which is not diminished by the practice of carrying the corpses of those who die by the wayside to the goal of pilgrimage. Those Mussulman bands had been decimated by the cholera. If filth be a necessary condition of the prevalence of the malady, the inhabitants of Marseilles were supplied with that condition, whether the seeds of the disease were sown by the pilgrims, or were wafted by a more subtle epidemic influence. To be convinced of this, we have only to turn to the following graphic lines of the great English novelist. "Marseilles, a fact to be strongly smelt and tasted, lay broiling in the sun." "There was no wind to make a ripple on the foul water within the harbor, or on the beautiful sea without. The line of demarcation between the two colors, black and blue, showed the point which the pure sea would not pass; but lay as quiet as the abominable pool with which it never mixed."

Other cities of France are ravaged by the pestilence, and in them the condition of uncleanliness is not wanting. Narrow, dirty streets, lodging houses six and seven stories high, their apartments peopled from *entresol* to garret, and pervaded with noisome odors that tell of offal and other vile things. These pay their heavy tribute to the epidemic. Cross to England, and the fancy recurs to the accounts given by Mayhew of the costermongers of London swarming in cellars and miserable lodgings, and to the descriptions of Dickens and others of the haunts of destitute thousands in cities and towns, with open cesspools and half-covered drains polluting the air. We have been told, too, that during the late epidemic, certain districts of London which were especially infected by it were supplied with water from wells into which the foulest matter had oozed. These abominations solicit the pestilence, as the stagnant air invites the whirlwind or the thunderstorm.

We next hear of the emigrant ship bearing westward across the ocean. It is lightened of its living freight by many a victim to the destroyer, and we know that its steerage is crowded and reeking with a compound stench from sources too disgusting to enumerate. One party says the disease makes its seizure here because the ship has entered a zone pervaded by the noxious agent. The other party denies this, and declares that the sufferers (who came from an infected port) brought the disease with them in a state of incubation, and fortifies its position with the statement that emigrants from Ireland, where cholera had not appeared, did not suffer on entering the supposed zone. If we grant the period of incubation, however, we are left still in the dark as to whether, at the point of departure, the disease was contracted by communication with others sick with it, or from an epidemic influence obtaining there. We do know that where it was developed there was filth.

During the past year, the cholera sent many thousands in this country to their long home. The points which suffered most are the western cities. As regards its special prevalence in them, the limestone theory was at one time much in vogue, and still has its supporters. It was said that the region most affected is one of limestone formation, and a relation of cause and effect between the two facts was set up. We shall not quarrel with this theory as claiming to present an influence favoring the presence of the disease. For we know that the water of that region, impregnated as it is with lime, has a laxative effect on the bowels, and generally produces diarrhœa, sometimes severe, in those who are unacclimated. But, in all those western cities where the epidemic raged with so much virulence (to such a degree sometimes that it was difficult to get conveyances enough of any kind to carry the dead to the cemeteries), there was another common element, and that was the uncleanly condition above named. In the beautiful city of Cincinnati, the drains are the street gutters; and the sentinels which denote the presence of an enemy to health—foul odors—are not wanting. In addition to this, the water of the Ohio, with which the city is supplied, is drawn from a source below where the city empties a portion of its vilest drainage, or rather washings; and last year the sensible and other properties of that beverage were enhanced thereby. In Chicago, equal impurities on the surface, and the water such as to necessitate that triumph of practical engineering—the famous Lake tunnel. In Nashville the mortality was frightful. In a few of the principal streets there are underground drains; but in the outskirts of the town, where the epidemic rested most heavily, there is only surface drainage, and the garbage and offal are left upon the ground to rot. In St. Louis, Memphis, Cairo—like filth and proportionate mortality from cholera.

We now come to the reverse side of the picture. New York had an efficient system of quarantine; and yet a sufficient number of cholera cases found their way into that city to have formed a nucleus of contagion—if contagion there be—and to have caused a mortality parallel perhaps to that at the West, had other necessary conditions been present. But, a board of health was appointed, and extraordinary powers were conferred upon them besides those residing in their own energies. A task was before them which reminds us of that imposed on Hercules when he had to cleanse the Augean stables. They could hardly imitate that muscular heathen by turning the Hudson river through the tract to be purified. Nevertheless Dr. Dalton and his associates applied the besom of destruction to the filthy abuses of the metropolis, with a thoroughness and a disregard of the prescriptive rights of corruption worthy of radical reformers. The consequence was, New York was so clean that it hardly knew itself. And it is well known that though there was, we repeat, cholera enough to have spread over and decimated the city, if contagion were the *only* requisite exciting cause, yet there was not sufficient to create alarm. In fact, the number of cases was small in proportion to the inhabitants. And what there was of the disease avoided the more cleanly portions of the great seaport.

Boston, compared to the other cities above mentioned, is always clean, has rarely suffered much from cholera, and nearly all of the cases we have had have been in districts the Board of Health has failed to regenerate. Last year, the number of cases of the prevailing epidemic, as collected by the Committee of the Suffolk District Medical Society, was only 37 for Boston and its suburbs; and they, with exceptions too sadly memorable for us, were in the dirtiest localities.

Before closing, we would allude to another point in this connection. High altitudes have been supposed to be protective against invasions of the disease in question. That they are not always so, unless aided by cleanliness, is exemplified in the case of the city of Mexico, which though of mountain altitude, is shockingly filthy, and has in times past suffered fearfully from the malady.

The "improvement" we would append to the above homily is this: Quarantine the ports, at least while the present question of the contagiousness of cholera remains unsettled; but do not neglect to police the streets and cellars, and to flush the drains.

Oil of Petroleum, says the *Union Médicale*, is a powerful agent for the destruction of insects. The crude oil is the best for the purpose. A few *grammes* of petroleum diluted with water, and sprinkled by means of a watering pot over strawberry plants, destroys the *maus* or "white worm of the beetle" which infests those plants. The crude oil mingled with a large proportion of water is a sure poison for crickets. The mixture is to be poured through a tunnel into the holes frequented by them.

The *acarus scabiei* is very promptly and radically destroyed by inunctions with the oil.

Frictions with petroleum water (60 gr. par litre) immediately cleanse the domestic animals of the parasitic insects which annoy them. The animals should be washed with soap suds a few minutes after the friction.

It is also stated that a house infested with rats and mice was freed from these guests a little while after the introduction of a large quantity of the oil into the cellar.

A CORRESPONDENT of the *Union Médicale*, writing about medical matters at the great "Exposition," says the best arranged vehicles for the transportation of the wounded in battle are those of the United States and of France. "The transportation of those who have been operated on, from ambulance to hospital, on the part of each nation, is formally installed [as we should say, 'has become an institution'] only in the United States. It must be confessed, these bellicose Americans have had opportunity and time to experiment with their *materiel*. Ah, incredible people! so intelligent and so warlike."

The writer then gives an elaborate description of our "hospital car," and adds "all nations should take pattern from the United States in the arrangement of drugs, medicine flasks and boxes, for transportation. Everything fragile is protected. No shocks, overturnings, or other accidents can break the bottles or force out their stoppers."

The letter is closed with an admiring notice of our military hospitals.

Cholera and the Black Death.—We translate another quotation from the *Union Médicale*:—

"The cholera question is everywhere discussed. If by God's favor it does not prevail as an epidemic, there are yet mentioned a few sporadic cases here and there. London and Dublin quake with fright at some isolated manifestations of it. * * * * One of the best memoirs on the subject which the last epidemic gave rise to among us has been translated in America—that of Dr. Mesnet, which we find in the *Journal de Médecine de Boston*." * * * "These rumors of the cholera in Ireland have again awakened attention to a blackish, ecchymotic discoloration of a part of the skin, which manifests itself in certain cases before death." * * * An autopsy of a marked case "revealed no characteristic lesion, in the meninges, the intestines or elsewhere. Thus the author [Dr. Benson] is disposed to set up a separate species of disease under the name of *Black Death;* and goes to the extent of connecting it with the black plague of the middle ages."

Dr. Belcher, however, considers the disease "*cerebro-spinal arachnitis.*" It will be recollected that what we call *cerebro-spinal meningitis*, or *spotted fever*, was denominated "cerebro-spinal arachnitis" when it appeared in Ireland in 1846. We await with interest the results of further investigations on this subject.

MESSRS. EDITORS,—It was with surprise that I saw my name among others appended to a series of resolutions in relation to the lectures of Prof. H. R. Storer. I desire to state that I never saw the resolutions until I saw them in print, and that my name was used without my knowledge or authority.

Roxbury, June 24, 1867. Respectfully, GEO. J. ARNOLD.

The Annual Meeting of the Rhode Island Medical Society.—The fifty-sixth annual meeting of this Society was held in the rooms of the Providence Franklin Society, on Wednesday, June 5, 1867. The President, Dr. Otis Bullock, of Warren, occupied the chair. The report of the Trustees of the Fiske Fund was presented. They announced the subject of the prize essay for the next year to be—"The Lessons of the late War; in what has the Science of Medicine thereby been advanced?" For the best essay upon this subject they offer a prize of $500. All essays to be forwarded to S. Augustus Arnold, M.D., Providence, on or before May 13, 1868; each essay to be accompanied with a sealed envelope containing the name and address of the author.

The report of the Committee on Abortions, presented by E. M. Snow, M.D., was read, accepted and referred to the Publication Committee. The report stated that a memorial had been presented to the General Assembly at the January session, and the Assembly had passed a stringent act upon this subject, which was in all respects satisfactory, and which had already had the effect to prevent the open advertisements of abortionists in the State.

The Society then proceeded to elect officers for the ensuing year as follows:—*President*, Otis Bullock, of Warren. *Vice Presidents*, J. W. C. Ely and Geo. L. Collins, of Providence. *Recording Secretary*, Geo. E. Mason, of Providence. *Corresponding Secretary*, Charles W. Parsons, of Providence. *Treasurer*, Fenner H. Peckham, of Providence. *Librarian and Cabinet Keeper, Southern District*, T. C. Dunn, of Newport. *Librarian and Cabinet Keeper, Northern District*, William H. Travers, of Providence. *Censors*, Drs. T. C. Dunn, J. W. C. Ely, James H. Eldridge, Joseph Mauran, Johnson Gardner, Lloyd Morton, C. W. Fabyan, Ariel Ballou. In accordance with the recommendation of the Censors, the following-named gentlemen were elected Fellows of the Society:—Drs. William T. Bullock, E. M. Harris, John W. Sawyer, Walter E. Anthony, Oliver C. Wiggins, L. F. C. Garvin, H. G. Miller, John Mattison, E. P. Clark and N. A. Fisher. Dr. W. Owen Brown then offered the following amendment to the By-laws, which was passed: "It is moved that Section 1st, Chapter 1st, of the By-laws of the Rhode Island Medical Society be amended, so as to read, 'there shall be an annual meeting of the Rhode Island Medical Society, to be held in the city of Providence on the second Wednesday in June,' in place of on the first Wednesday, as it now reads." By invitation of the President, Warren was selected as the place for the next semi-annual meeting. Upon motion of S. Augustus Arnold, M.D., it was—

Resolved, That the Rhode Island Medical Society notice with great pleasure at their annual meeting the presence of Dr. Gibson, of Philadelphia, and Dr. Corliss, of New York.

Resolved, That the Society extend to these gentlemen the greeting due to such distinguished laborers in medical science.

Dr. Gibson thanked the Society, but asked to be excused from speaking, as he had for some time been troubled with neuralgia, and spoke with great difficulty. Dr. Corliss spoke at some length in reply, heartily and humorously. On motion of Dr. Ely, Geo. L. Collins, M.D., was appointed a delegate from this Society to the International Medical Convention at Paris. The hour for the annual address having arrived, W. Owen Brown, M.D., read a very interesting paper upon the "Progress of Medicine," after which the Society adjourned, to enjoy the annual dinner. GEO. E. MASON, M.D., *Rec. Sec.*

The New Hampshire Medical Society met at Manchester—Dr. Tenney, of Pittsfield, presiding. Dr. A. H. Robinson, of Concord, was elected *President*, M. W. Oliver, of Portsmouth, *Vice President*, G. A. Crosby, of Manchester, *Secretary*, and T. Wheat, of Manchester, *Treasurer*. Interesting speeches were made, and the annual address was delivered by Dr. Tenney. The meeting was unusually full, and closed with a collation at the City Hotel. The next meeting will be held at Manchester on the first Tuesday of June next.

Medical Festival Dinner in Albany.—The Albany County Medical Society, on Thursday evening, 20th inst., gave a complimentary dinner at the Delavan House, to Drs. Jas. Wade, Barent P. Staats and James McNaughton, on the occasion of their having completed fifty years of active life in the profession. Dr. Wade, who lives at Watervliet, was not able to be present, but the other two gentlemen participated in the festivities. A large number of invited guests were present, and the speeches on the occasion, which are fully reported in the *Albany Evening Journal*, were of the most animated character and replete with interest to the profession in every part of the country.

Ovariotomy and Ovariotomists.—It is a constant theme of complaint amongst what are now called ovariotomists, that the operation for the extirpation of the ovary has been unjustly decried and systematically opposed. They attribute this opposition to mistaken views on the part of some, and to interested motives on the part of others. But those who have carefully considered the subject will arrive at a very different conclusion, whilst they would admit that the causes above stated might have had some slight influence in obstructing the progress of the operation. The main cause, however, why ovariotomy has so long been unrecognized amongst the legitimate operations in surgery is due to the conduct of the operators themselves. For a long period no reliable statistics respecting it were to be obtained; indeed so much mystery surrounded the subject, that the real evils were magnified. Then came another phase in the history of this proceeding. Statistics of operations were published with unwonted zeal and precipitancy. Scarcely was a patient removed from the operating-table than the case was printed as successful. Errors in diagnosis and incomplete operations were related with less candor and fairness than the importance of the subject demanded. Then came a controversy, fierce, personal, and somewhat unscrupulous, upon the part of the combatants. At length, after so much which is hardly creditable to the history of surgery, we seem to be arriving at definite conclusions on the matter. In the first place, there can be no doubt the diagnosis of ovarian disease has marvellously improved. The operation itself is performed with greater safety, especially with reference to the prevention of secondary hæmorrhage. These have concurred to place ovariotomy on a very different footing from what it formerly occupied. That the publicity given to the proceedings of ovariotomists has mainly contributed to this desirable result no one will doubt. There are still, however, some points respecting which greater accuracy is required. And these were well pointed out in the paper read before the Royal Medical and Chirurgical Society. Perhaps the most important of these is the duration of life after the operation, and the relative frequency with which both ovaries are diseased. Time will, no doubt, solve these problems as it has done the others.—*Lancet, Feb.*, 1867.

Death and Rain.—Rain, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhœa, cholera, and typhoid fever would be likely to be greatly lessened by a copious rain fall. Dr. Trench, the medical officer of health for Liverpool, has satisfied himself by a series of careful observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infantile summer diarrhœa. To the same effect are the tables given by Mr. Macpherson, illustrating the relation of moisture to the mortality from cholera in Calcutta. According to these tables the least mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months.—*Ibid.*

Treatment of Drunkenness.—It is said, in the *Connaissances Médicales*, that a half teaspoonful of the officinal liquor ammoniæ, properly diluted, will usually dissipate the violence of the symptoms of intoxication. A similar statement is referred to by Wood and Bache. We suppose that when people are drunk they are not apt to consult doctors; but the value of the above mentioned remedy might be easily tested at any of our Police Stations.

The death of a nephew of Napoleon, rapidly carried off by croup, has given rise to an imperial decree issued at Finckenstein. By this decree, a prize of 12,000 francs is to be awarded to the author of the best work upon the treatment of that affection.

The French Academy of Sciences has named Prof. Nélaton a member *titulaire* of the section of Medicine and Surgery.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, June 22d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	37	32	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	33.7	35.2	68.9
Average corrected to increased population - - - -	00	00	76.72
Deaths of persons above 90 - - - - - - - -	0	0	0

Communications Received.—Medical Cases occurring in the Massachusetts General Hospital.—Records of the Berkshire Medical Society.

Deaths in Boston for the week ending Saturday noon, June 22d, 69. Males, 37—Females, 32. Abscess, 1—accident, 3—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 2—disease of the brain, 5—bronchitis, 2—cancer, 1—cholera infantum, 1—consumption, 13—convulsions, 1—diarrhœa, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 2—drowned, 2—dysentery, 1—scarlet fever, 4—gastritis, 1—disease of the heart, 2—hernia, 1—disease of the kidneys, 1—inflammation of the lungs, 3—old age, 2—puerperal disease, 2—smallpox, 3—disease of the spine, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 15—between 5 and 20 years, 11—between 20 and 40 years, 22—between 40 and 60 years, 14—above 60 years, 7. Born in the United States, 44—Ireland, 18—other places, 7.

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DISEASES OF THE ISLAND OF BARBADOES.

[Read before the Boston Society for Medical Improvement, June 10th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By J. B. S. Jackson, M.D., Boston.

In a recent visit that I made to the Island, I saw and heard something of the diseases that prevail there, and have thought that the Society might like to hear such a general account of them as I am able to give.

Barbadoes is an English island, about 21 by 14 miles in extent, and may be regarded as one great sugar plantation. The central portion is almost mountainous, though the highest point of land is only about 1150 feet above the level of the sea. Otherwise the face of the country is not remarkable, and I did not see or hear of any part that was marshy. The southern half of the island, which I saw quite thoroughly, is a limestone region; and the roads are often, and to a considerable extent, cut through rocks that contain great numbers of corals. Towards the centre this formation disappears, and the rocks have a somewhat igneous appearance.

The temperature varies not much from 80° during the year; but as the island is the furthest to the windward of any one of the Windward Islands, it has the full benefit of the trade winds, and is comparatively cool. During my stay there of five days, from the 16th of May, the weather was often spoken of as very warm; but, though the thermometer was generally observed three times a day, and was found to range from 77°–86°, in the cabin of our vessel that lay about a mile from the shore, the heat did not seem to me oppressive as compared to that of our own midsummer; and in the shade, and especially in the houses, I should have called it very comfortable weather for July or August—so cool and refreshing was the breeze that constantly prevailed. A hygrodeik that was also on board, varied from 69° to 90°; the average in this city during the month of May being 56½°, as observed at 8, A.M., and at noon, by Mr. C. A. Siefert, manufacturer of thermometers, &c.

The population of the island is about 180,000, and of this number about seven eighths are blacks.

Having taken a letter of introduction to Dr. William Clarke, I was received by him most kindly and hospitably; and his attentions I shall certainly never forget. I also became acquainted at the hospital with Dr. James Manning, from whom I received the kindest attentions. Both of these gentlemen, who stand at the head of the profession, were born upon the island, but received their education in Europe, and were graduated at Edinburgh; Dr. C. having been in Paris and Edinburgh in the years 1829–30, when I was there myself. They are both in attendance at the hospital, and make their visits from 1 to 3, P.M., admitting new patients every Monday, and performing any surgical operations that may be required on Thursdays.

Upon each of these two last days I visited with them, and was very much interested in all that I saw and heard. Dr. C., who does most of the surgery, amputated a little girl's thigh, for cancer of the tibia, by the flap operation, and under the influence of chloroform, which alone is used. Cancer in general is sufficiently common. Amongst the outpatients was a young woman with hydrocele of the neck—a disease that seems not to be rare upon the island. In the wards, I saw cases of fractured femur that had been treated in the most simple manner, and with the best possible results.

There were two patients convalescent from idiopathic tetanus, which is quite prevalent, though the disease is more generally the result of injury. It is treated by opiates and a free use of brandy; and one third or more of the cases usually recover. Dr. M. spoke of a severe case that followed upon an extensive wound of the neck, and that during convalescence was complicated with delirium tremens, in consequence of the large amount of stimulants that had been used, and in which the patient finally recovered. Hydrophobia is sometimes seen; and, since the abolition of slavery in 1838, mania has been common amongst the negroes.

There is one disease that is particularly associated with the island, as it was described many years ago from observations made upon it there, though it is now known to be sufficiently common in many other parts of the world. I refer, of course, to the "Barbadoes leg." Of this disease I saw two cases in the hospital, and one in which amputation had been performed. It is quite as common as it ever was; affects the poor particularly, though it is sometimes met with in the higher classes; and is most common amongst the blacks, even allowing for the difference of proportion in the two races. It may occur in healthy subjects; an ulcer upon the leg or a wound sometimes exciting it; and dampness seeming to have a predisposing effect. Not unfrequently, it commences with an attack of erysipelas, and with symptoms that suggest the idea of intermittent fever; and such symptoms, local and general, may recur a number of times before the disease becomes fairly established, there being some increase of it with each attack. Adults are, of course, its usual subjects, but Dr. M. had once known it to commence at the age of sixteen years. Though very generally affecting the lower extremities, and the two about equally, it is sometimes seen in the upper; the scrotum is also occasionally the seat of the disease, and for this last Dr. C. has operated. Both of the lower extremities are sometimes affected, and I think that such was the case in one of the patients whom I saw at the hospital. Having once commenced, the disease may increase rapidly, or it may be four or five years in reaching its height; but, whatever may be its early course, it never recedes, and, unless interfered with, must be carried through life—local treatment seeming to have no effect. Being so common and so intractable, it is generally regarded as a calamity rather than a disease; and it is only when the patient is burdened beyond endurance by a sense of weight in the limb, and annoyed by the oozing from the surface, and the flies that are collected about it, that he begs to be relieved even by amputation.*

Other affections of the skin, ulcers upon the leg, and syphilis in all its forms, are exceedingly common. The number of ulcers was as large, I think, in proportion, as would be seen in any hospital. Having asked Dr. C. if he had often found the *chigoe* in the feet of the negroes, he said, "Certainly—enough of them," and asked if I would like to see some of them. I told him that I certainly should, and he gave directions accordingly. Presently we received notice that a subject had been found; and on going into one of the wards, we saw a negro lad digging into the heel of an old, paralytic patient with a coarse, dull knife, and extracting the cysts. They were situated near the margin of the heel, and in the cuticle, but very near to the cutis, so that no blood was drawn in the operation, the surface over them being very much roughened. Several cysts were thus removed; and, though generally broken, one or two were entire. (Specimens shown.)

Yellow fever seldom occurs in the island, and intermittent very rarely. Formerly, a low typhoid fever prevailed, with hæmorrhage from the bowels and an affection of Peyer's patches; but, of late years, this is less frequent.

Bronchitis, with febrile symptoms, is very common, but internal inflammatory affections are rare. Chronic rheumatism is quite common, but in the acute form it is equally rare. The wife of the merchant, however, to whom our vessel was consigned, had been suffering from this last for several weeks, and under homœopathic treatment. With one unimportant exception, her physician is the only representative of this form of quackery; but his practice, as I was told, is quite extensive. Dysentery is not by any means as common as it was formerly; and neither is there much seen of diarrhœa, cholera infantum, or hepatic affections, which last we so usually associate with the tropics. The white portion of the population, as I saw them about the city, have quite as fresh complexions as we see here; and at church, if it were not for the large number of blacks, of whom the better class sit in pews side by side with the whites, one might have almost fancied himself in the midst of a Boston congregation. There was one other difference, and that was in the greater number of black hats and black cloth coats. In 1854, the cholera prevailed fearfully from May till August, carrying off 25,000 of the inhabitants; and in Bridgetown, a city of about 30,000, but which has about doubled the last twenty years, the number of deaths was about 300 daily.

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* Since my return, I have been told that compression has been effectually used, but I heard nothing of this mode of treatment. Dr. C., however, intends to try the operation, that has been proposed, of tying the external iliac artery. I would say, also, that he spoke of an affection of the lymphatics as an important pathological element in the disease.

Phthisis is a disease that has been supposed hardly to exist in the tropics, but observations of late years seem to show that such is far from being the case. In the island of Barbadoes it is much more common than formerly, and quite so amongst the negroes. Since the abolition of slavery, the diet of the blacks has probably been less nutritious than when they were not obliged to provide for themselves, consisting now chiefly of Indian meal, sweet potatoes and flying fish—which last delicious fish is taken in immense numbers around the island; and to this cause the increase of disease seems to be attributed, though the general appearance of the blacks struck me as quite healthy. And I would remark that the number of mulattoes, in whom we generally find a greater tendency to tubercular affections than in the pure negroes, appeared to me to be small. I saw several cases of phthisis at the hospital, and was told that when patients come to the island with this disease no marked benefit is experienced, though the climate, if a tropical one could have any effect, seems to be all that could be desired. Scrofulous glands and disease of the joints are also common, but tubercular meningitis is very rare.

Bright's disease is sufficiently common, and renal calculi are often found and passed with the urine; but calculi in the bladder Dr. C. has not met with, though, as above stated, a limestone formation is so abundant in the southern part of the island.

Lastly, of uterine disease and derangements there seems to be as much as most persons would desire to see, in the form of polypi, fibroid tumors, leucorrhœa and menorrhagia.

The hospital at Bridgetown, I should add, is admirably situated, as cool and comfortable as possible, and well filled without being crowded.

PHLEGMASIA DOLENS?

[Read before the Boston Society for Medical Observation, May 20th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Calvin G. Page, M.D., of Boston.

The fourth pregnancy of Mrs. R., aged 33, was to terminate in the latter part of March, 1867. She had been perfectly well since conception. During February and March she had been much fatigued by constant attendance on a sick child. I was called upon March 23d, at 2, P.M., and informed that she had labor pains quite slight, and that I had better see her during the afternoon. I got to the patient at 3, P.M., and found the child born, after two or three hard pains. There was more flowing than in her previous labors, but the uterus had contracted well, and the placenta and membranes were removed at once without difficulty. The child, a boy, weighed five pounds. On the 24th, she was doing well, had slept considerably, and was perfectly comfortable. She was not seen on the 25th. On the 26th, during my visit, she had a chill. She had been placed on her feet the day before by her attendant, while her bed was being made, and felt somewhat uncomfortable in the afternoon. There was much abdominal pain, tenderness and heat, with cold extremities and rapid pulse. An immediate application was made to the abdomen of a large mustard paste well sprinkled with turpentine, with heat to the extremities; ten grains of Dover's powder were directed to be given every four hours. On the 27th, she was better; some heat of skin, some perspiration; had some sleep. Took four powders.

28th.—No medicine since yesterday. No pain; some soreness over abdomen; feels weak, and is without appetite.

29th.—She slept well. Feels better; has some soreness and fever, though the tongue is clean. To take thirty drops of spirits of nitre every four hours if fever continues.

30th.—Not seen.

31st.—Has used nitre. Is much better; no soreness detected; milk abundant. I now congratulated myself that the case had terminated with a mild, sub-acute peritonitis, which had passed off. But, on the 6th of April, I was sent for, and found her with a pulse of 96, considerable fever, milk very scanty, much pain on motion in the bed, but no tenderness anywhere, restless, and without sleep the previous night; some headache and much perspiration. She was still flowing. Gave Hoffman's anodyne, with spirits of lavender, and applied mustard and turpentine to abdomen and back.

7th.—There is headache, fever and slight delirium; pulse 120; tongue moist and white; no soreness. To get a wineglassful of beef-tea every two hours, and to be bathed with hot rum.

8th.—Pulse 100; feels badly about the head, and touches a tender spot near the right mastoid process. Continue beef-tea; omit anodyne, on account of dislike of patient. Give ten grains of lupulin every two hours, and Dover's powder at night, and apply ice to the head.

9th.—She feels better. Took 100 grains of lupulin and one Dover's powder. Slept well. Some fever and headache.

10th.—Removed to more airy room. Lupulin omitted. Dover's powder p. r. n.

11th.—Not seen.

12th.—Pulse 104; feels very weak; tongue coated, but moist; much headache; no tenderness. To use beef-tea freely and Dover's powder p. r. n.

13th.—Not seen.

14th.—Pulse 86, small; tongue coated; no appetite; very feeble; profuse perspiration; slightly delirious. Champagne every two hours.

15th.—To-day, reports a chill on the 13th, not mentioned yesterday, and one yesterday, after my visit. To get two grains of quinine every four hours, and stimulant.

16th, A.M.—Slept well; slightly stronger; pulse 100; tongue cleaning at edges. P.M.—Patient in rigor, lasting half an hour; pulse 120. The skin was hot over the whole body and extremities during the rigor.

The case for the next few days may be briefly stated. There was a chill on the 17th, 19th, 20th and 21st. There was noted then a slight swelling of the left foot, which had been present for two days, but being painless and not tender, my attention was not called to it. On careful inquiry, no tender or sore spot could be found, although the patient moved in bed as if in pain. Consultation desired, but declined by family.

22d, P.M.—Feels better; no fever; pulse 88. Ate some oysters and drank milk with relish. Natural dejection this morning. During visit, a rigor lasting ten minutes, with much chattering of teeth. Skin very hot all over.

23d.—Better. No chill.

24th.—Slight chill; pulse 100. Relished beef-steak. Right wrist feels lame.

25th.—Dr. Minot saw the patient in consultation. There is slight tenderness over left femoral vein and left groin, and some swelling of foot, and sharp pain in the right wrist over the ulnar side. Pulse 86 to 92; tongue quite clean; urine dark, but clear. Slight rigor at 2, P.M., easily controlled, but followed by profuse perspiration, about which she is much alarmed. Dr. Minot advised the quinine to be pushed, and eight grains were directed every four hours. There is a disagreeable drain smell from the lower part of the house.

26th.—Pain in wrist great—has to place it on a pillow; also, pain in left shoulder, which is very sore. Laudanum to wrist and shoulder. Continue quinine.

27th.—Slight rigor; pulse 86; pain continues. Natural dejection. Urine more free.

29th.—Sitting up. Pulse 84; tongue clean; still pain in right wrist and left shoulder; also in left foot at night. Continue quinine pills.

May 1st, P.M.—No chill for two days; one natural dejection; pulse 100; had a fainting turn this A.M.; wrist and shoulder still painful; left leg tender on pressure along femoral vessels; groin glands tender.

3d.—Pulse 88; less pain in wrist and shoulder; more appetite; no chill; both legs tender, with a dead, heavy feeling.

6th.—Pain only in left leg; pulse 88; tongue clean; fair appetite; sleep good. Omit quinine.

9th.—Still pain and soreness of left leg; no swelling; appetite better; good sleep.

15th.—Decidedly better; can exert herself, and get out of bed; cannot walk without help; can get across the room by pushing a chair in front of her. She walks upon the toes of her left foot, because it hurts her to stretch out the leg. Appetite good, and patient very cheerful.

20th.—Feels well and cheerful. Rode out on the 17th; leg felt worse from too much exertion. Appetite excellent; sleep good; pain gone from wrist and shoulder, but present on full extension of left leg; slight tenderness remains over femoral vessels; still walks on toes of left foot.

[The following was received subsequently to the above.—Eds.]

June 3d.—For the past three days the patient has been able to walk firmly on the foot; tenderness all gone; some slight swelling about the ankle, which disappears when the posture is recumbent.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 374.]

Eczema of the eyelids (eczema tarsi, ophthalmia tarsi, tinea ciliorum, psoriasis tarsi) is often met with in children and adults. The affection is apt to be regarded as evidence of a scrofulous diathesis, but without good reason. It is simply a local variety of eczema, and undergoes the same changes here as in other localities, viz., inflammation, itching, thickening of the lids—that is, infiltration. Not unfrequently, minute pustules arise and form (eczema impetiginodes of some writers) incrustations or delicate scales, which impart to this variety of eczema some of the features of pityriasis or psoriasis. But the disease should, amid all these phases, be recognized as an eczema. And it will generally be found associated with some other form of the same eruption in a distant or adjacent region. Chronicity is one of the most common attributes of this local affection. The hair follicles and tarsal glands become involved, and there is more or less weeping from the lids of an ichorous discharge, which chafes and inflames the surface over which it flows, and thus the cheeks in time take on a similar action.

The treatment is simple. At almost any period of the eruption, the following local application will be appropriate:—℞. Hydrargyri oxidi rubri, gr. ij.; glycerinæ, gtt. ij.; unguenti rosæ, ʒ ij. M. A portion equal to a pin's head may be placed between the lids, at the outer canthus, at night, or every other night, and care taken not to let it get upon the eyeball. A camel's hair pencil should be used.

If a collyrium is desired, a weak solution of the chloride of zinc will be appropriate. ℞. Zinci chloridi, gr. i.; aquæ rosæ, ℥ iv. M. Two or three drops of this lotion are to be applied to the diseased lids twice daily with a camel's hair pencil.

Eczema of the lips is often met with. It is sometimes confined entirely to these parts; but, in most cases, the eruption exists on other portions of integument simultaneously. Not unfrequently, it is associated with eczema of the anus. Sometimes these two distant regions seem to act in sympathy, and take turns in relieving each other of the existing trouble, so that when one part is involved the other is free. This metastasis or migration of the disease from one extreme to the other of the alimentary canal may be kept up for a long period.

Nearly all the forms of the eruption may break out on the lips, and become a source of much annoyance and actual suffering to the individual. The lips swell, inflame, bleed, crack, discharge a serous fluid more or less abundantly, and are often disfigured by deep and ugly-looking fissures, which refuse to heal for months or even years. The patient can neither eat, drink, speak, or smile without pain.

The treatment for this local affection must necessarily be simple. If there is much thickening of the lips, it will be proper to touch them a few times with the aqua potassa or the potassa fusa, about one half drachm to the ounce of water, every fourth day. After the application of the caustic, the parts should be liberally coated with the following cerate. ℞. Pure olive oil, one ounce; yellow beeswax, half a drachm. Direct the apothecary to melt the beeswax in the oil in a sand- or water-bath, and, when melted, stir in new honey one drachm, pulverized oxide of zinc half a drachm, and keep stirring till cool. After thoroughly removing the potash with warm water, and wiping the lips dry, the cerate should be applied, and should be renewed two or three times in the twenty-four hours. This cerate makes a very soothing application for sore nipples, in most instances; sore nipples being usually nothing more nor less than a variety of eczema. The eruption occurs usually in connection with lactation, and occasionally produces inflammation of the deeper parts, giving rise to mammary abscess. The cerate is also a suitable application in most cases of eczema of the external auditory passage (Eczema meatus).

In eczema of the legs (eczema crurale) the medical attendant has generally to contend not only with the fitful character of the disease, but also with the usual habits of the patient, whether male or female. This remark is applicable, at least, to nearly all patients in private practice. In hospital practice the physician can have his own way. Now one of the most important items in the treatment of the disease in question, when seated on the lower extremities, is to have the patient confined to the bed. A surgeon might as well expect a fractured leg to get well while the patient is allowed to hobble about with it, as the dermatologist to hope that a severe case of eczema of the legs will be cured while the individual is suffered to roam abroad wherever he pleases. In almost every populous community, scores of eczematous legs are carried about, because the owners thereof cannot be induced to submit to quiet rest and a horizontal position. So long as the limb is in a dependent state the capillary circulation is impeded and congestion is consequently the result, and the most assiduous professional efforts are well nigh without benefit. The patient generally gets uneasy and dissatisfied if not cured immediately, and neither gives thanks nor credit to his physician for his services, but strays away to some one else.

In the treatment of eczema of the legs, therefore, it is the duty of the surgeon to state to the patient, in explicit terms, the paramount importance of rest in a recumbent position until convalescence is well established. We are led to dwell upon this point with the more emphasis, because failures not a few occur in the practice of every medical man, in cases where the benefit of repose in a proper position has been ignored by the patient; and where he thus deals unfairly towards his medical adviser, the latter is often under strong temptation to abandon the case.

Eczema of the lower extremities is met with more frequently than on any other region, and it is much more unmanageable than when developed elsewhere. In some instances where varicose veins coexist, or where the patient is quite in years, the eruption is apt to degenerate into chronic ulcers of vast extent, and the whole limb swells to an enormous size, and feels to the touch almost as hard and solid as marble. Under such circumstances, all efforts at cure avail little or nothing. The patient is doomed to a life of suffering.

When it is desirable to correct the offensive discharge arising from old ulcers of the legs which are frequently met with in chronic eczema of these parts, a solution of the nitrate of lead in the proportion of eight ounces to half a gallon of water, will be a convenient agent for the purpose. Rags or bandages saturated with the solution may be employed in the dressings and kept wet with it more or less as the case may require. By this procedure the patient will be relieved of a very great annoyance, and the apartment rendered comparatively free from any fetid smell. The sores may also be washed with the solution morning and evening if necessary.

The employment of most of the local measures, already sufficiently alluded to, will be equally proper in eczema of the legs. To remove the incrustations nothing can surpass the solution of the carbonate of soda, which exerts also a soothing influence and quiets the most urgent pruritus, in all ordinary cases. If pieces of surgeon's lint are saturated with it and laid smoothly on the part, the moisture can be retained by means of oiled silk or thin gutta percha for several hours, and the patient can repeat the solution at pleasure.

Should it be thought advisable to rely on the benzoated oxide of zinc ointment, or the mixture of the oxide of zinc with glycerine and camphor, a thick coating of either can be used and repeated two or three times a day without disturbing what has been previously put on. If the limb is swollen or if the eruption is complicated with a varicose condition of the veins, the use of a bandage is to be recommended. It should be narrow, and smoothly adjusted, commencing with the foot. It should be re-adjusted two or three times a day, if necessary, so as to keep up equable pressure. These measures will suffice, when the eruption is of quite limited extent and the infiltration moderate; but if a large surface is involved and the disease chronic, with great infiltration, then it will be advisable to employ the *schmierseife* or German soap—sapo viridis; or the common sapo mollis, such as the washerwomen of the country ordinarily use. The two articles just named are essentially alike in their composition and in their caustic action on the skin, and it is immaterial which is selected. When there is but little infiltration, a rubbing with the soap once or twice a day is sufficient; but when the infiltration is more considerable, a more frequent application is necessary. When the skin has been thoroughly rubbed with the soap, the surface should be washed, and cold water dressing applied until the next rubbing. This procedure must be continued as long as the moisture and itching and infiltration continue, and until the frictions no longer give rise to heat and excoriations of the skin. The soap must then be replaced by cold applications, and the treatment terminated by other local measures. This treatment is identical in its effects with that recommended by Hebra.

If the eruption becomes chronic, and is a variety of eczema squamosum, equal parts of tar, cod-liver oil and glycerine make a suitable dressing. The Norwegian tar-soap (black variety) is likewise a very valuable preparation for topical use in eczema squamosum. It may be rubbed on the parts very briskly, two or three times in the twenty-four hours, with a piece of flannel, and then washed off, and the surface may then be protected by the last-mentioned dressing. Or, the soap may be allowed to remain on for one, two, or three hours at a time, unless it produces too much irritation.

Eczema Mercuriale.—This variety of eczema is entitled to a brief notice, though of rare occurrence. In most instances, women of a peculiar idiosyncrasy are the subjects of it. In the application of the emplastrum ammoniaci cum hydrargyri as a discutient in enlarged glands, swelling of the joints, chronic hepatitis, &c., the mercury is absorbed in sufficient quantity to produce the complaint, and sometimes a very small quantity of a mercurial preparation taken internally will produce it. The vesicles are exceedingly minute, and are developed upon an intensely inflamed ground. There is great heat, in severe cases, accompanied with a smarting and burning sensation and itching. The surface soon becomes of a dusky-red hue. In very bad cases, the entire surface of the body and limbs is involved. The face becomes enormously swollen, the eyes are completely buried in the tumefaction of the lids, so that the patient is blind for several days, and the ears are greatly swollen and distorted in consequence of the infiltration of serous fluid into their substance. The integument of the pudendal region is involved to a most distressing degree. The parts are much inflamed and hypertrophied. The inflammation extends to the mucous membrane of the vagina, producing the most intense suffering, especially in micturition, and in the course of four or five days a copious discharge of serous fluid escapes from these parts. The mucous membrane of the mouth, fauces, throat and bronchial tubes participates in the affection, and salivation is induced and continues with more or less severity for several weeks. Meanwhile, the vesicles on the skin burst and pour out an abundant ichorous fluid, the odor of which has been compared to that of putrid fish. The entire apartment occupied by the patient is filled with the nauseous effluvia arising from the offensive discharge. In severe cases, the constitutional symptoms run high, the tongue is coated with a white fur, and there is nausea, fever, pains in the head, delirium, and sleeplessness. In eight or ten days from the outbreak of the eruption, the cuticle begins to fall off in large flakes, and the severity of all the symptoms begins to abate. The exfoliation of the epidermis takes place several times, and the surface thus denuded of its natural covering presents quite a unique appearance, as the large flakes of the cuticle hang loose from various parts of the body and limbs. Sometimes the exposed derma is excoriated and bleeds at many points, and the patient in consequence suffers intensely. The disease is very apt to return. In mild cases, only a limited portion of integument is disturbed by the eruption, and no constitutional symptoms are developed; and in a few days the eruption entirely disappears, without any occasion for medical treatment worth naming. We have seen three cases of eczema mercuriale. The patients were all young females.

Treatment.

Tonics, moderate doses of liquor ammoniæ acetatis, orangeade, demulcent drinks internally; and externally, equal parts of lime water and linseed oil, glycerine somewhat diluted with water, warm baths daily, with about three ounces of the carbonate of soda to twenty-five or thirty gallons of water, and the bran bath.

If the mucous membrane of the labia or vagina is much inflamed, a weak solution of the liquor sodæ chlorinatæ, one part to twenty-four of water, should be injected several times a day, and the labia kept apart by means of lint saturated with the solution.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY W. H. TRAVER, M.D., SECRETARY.

Rupture of the Liver; Death.—Dr. Mason reported the case.

The patient, T. A., æt. 66, American, temperate, occupation a bookkeeper, was first seen by Dr. Mason last fall. He then had a small epithelial cancer upon the side of the left foot. He had never been a robust man, but always enjoyed good health. Through the months of December and January, Dr. M. saw but little of him. His health, however, gradually failed; he complained much of being tired, and of weakness in his back, which was aggravated by riding to and from his place of business.

On Monday, Feb. 4th, he fell upon the ice, striking upon his left side; he complained, however, of no pain, except a little soreness in his left shoulder and hips. On Monday night, he was seized with a severe pain in his abdomen, between the epigastrium and umbilicus, which became so unbearable that Dr. Mason was called about 3½ o'clock, Tuesday morning. He found the patient quite sensible, looking as well as usual; pulse natural, but rather weak. He gave a subcutaneous injection of sulphate of morphia, one fourth of a grain, and, as his bowels had been constipated for several days, a powder of hydr. chlor. mit. and bicarbonate of soda, to be followed about noon by a Rochelle powder. Tuesday forenoon, he was very comfortable, about noon got up, passed a comfortable day and night, and on Wednesday morning repeated the Rochelle powder. Throughout the day he felt as well as usual, and went down stairs to his meals. About 8 o'clock in the evening he felt a little faint, and thought his medicine was about to operate. He went down to the water-closet, had a free evacuation, and at the same time he was seized with great nausea and vomiting of sour fluid, immediately after which he fainted. He was moved to an adjoining room. Dr. Mason saw him at 9½ o'clock, P.M. He was then sensible, but answered questions with difficulty, and in a low voice; face pale; head and hands cold; pulse almost imperceptible; respiration short, hurried, and somewhat gasping. Atheromatous deposits could be felt in the radial artery. Said he had "no pain, but felt faint." Gave brandy, ammonia and ether. He now complained of severe pain in his back, which kept him tossing about; relieved by mustard and warmth to extremities. He next complained of pain resembling, and in the position of, that on Monday night. Most of the time he lay quietly, but when aroused, as he frequently was of his own accord, he would complain of the pain in his stomach. Rested easiest upon right side, but turned readily from one to the ther. About 3 o'clock, Thursday morning, he had a very severe attack of pain, suddenly became unconscious, and died at 3.15 on the morning of the 7th, a little over two and a half days after the fall, and eight hours after fainting.

Autopsy, thirty-one hours after death. Over the body were found numerous spots, two or three lines in diameter, resembling purpura; considerable ecchymosis at the point of entrance of subcutaneous syringe. A few remains of tubercular trouble in both lungs; firm adhesions about apex of right lung. Heart flabby; muscular substance very pale and friable; walls thin; blood fluid—no tendency to coagulation. Abdomen.—About two quarts of blood in the abdominal cavity, thin and watery. Liver pale and very friable; over posterior part of right lobe, and extending along the vena cava to the diaphragm, ecchymosed patches. In the posterior part of right lobe, and to the right of the vena cava, was a rupture, extending posteriorly about three inches and into the substance of the liver three inches. The rupture formed a pocket in the liver, the lower wall of which was about one half inch thick. In this pocket were numerous dark clots of blood. The kidneys were also fatty. The heart, liver and kidneys were examined microscopically, and found to contain large quantities of fat in the cells and muscular substances.

Obstruction of the Bowels from the accumulation of Cotton Yarn. Dr. C. T. GARDNER reported the case.

The patient was a female, aged 26 years, a weaver by occupation. When Dr. Gardner first saw the patient, she had symptoms of enteritis, pain and tenderness of the abdomen, accompanied by vomiting. Bowels constipated, nights sleepless. In the emesis, he discovered a small quantity of cotton yarn. On inquiry, he learned that the patient, during the past six months, had been in the habit of chewing cotton yarn and swallowing it. To relieve the pain, he injected sulphate of morphia, hypodermically; this was followed by castor oil, producing copious evacuations of the bowels, and revealing the cause of her illness, in the shape of some half pound of cotton yarn. Dr. G. exhibited a portion of the yarn. The health of the patient previous to this illness had been good, the catamenia being regular; and she had no morbid propensities in relation to eating.

A Catheter broken off in the Urethra; Operation; Recovery.—Dr. NEWELL reported the case.

R. G. G., American, aged 65, occupation a superintendent of a cotton mill, had always enjoyed good health up to two years ago, when he experienced some difficulty in voiding his urine. To relieve himself, he was in the habit of passing a No. 7 silver catheter several times a day. On February 1st, while in the act of passing the catheter, by a sudden and accidental movement of the body the instrument was broken off, leaving a piece 3⅞ inches long in the bulbous portion of the urethra. Dr. Newell saw the patient eleven hours after the accident, and found him in great pain from distension of the bladder. The piece of the catheter could be felt in the bulbous portion of the urethra. Dr. Newell made an incision from the posterior edge of the scrotum along the raphé to the anus, an inch and a half in length, extending up and back through the bulb of the corpus spongiosum into the urethra, at the junction of the membranous and bulbous portion, exposing the anterior end of the piece of catheter, which he extricated with forceps. The wound was closed with a single silk suture, and dressed with cold water. The bladder was relieved by a metallic catheter, which was allowed to remain in the urethra, secured by means of tape around the body. The patient made a good recovery.

Bibliographical Notices.

Forty-ninth Annual Report of the Superintendent of the McLean Asylum for the Insane, Somerville, Mass.

We learn from this report of Dr. John E. Tyler, that since the opening of this asylum, Oct. 6, 1818, 5276 patients have been admitted, and 5079 have been discharged. Of the latter, 3421 were recovered; 1971 were much improved; and 697 died. Thus more than 87 per cent. of the whole number admitted were returned to usefulness and society, either as recovered or much improved.

At the beginning of last year, the asylum contained 192 patients—93 males and 99 females. There were admitted during the year 103—48 males and 55 females. Forty-nine of each sex were discharged, leaving in the asylum at the end of the year 197—92 males and 105 females. Of those discharged, 46 were recovered—21 males and 25 females; 4 were much improved—1 male and 3 females; 7 of each sex were improved; 2 of each sex were not improved; 1 remained only a few days, and 17 males and 12 females died. The cause of death in twenty cases was paralysis.

Among the persons admitted, a larger proportion than usual was plainly past recovery, but the nature of their disease made proper care at home an impossibility.

The Doctor says:—"Several new and valuable items of purely medical treatment have been successfully tried during the year, and the worth of the course long pursued has been most pleasantly attested by the recovery of some very severe cases." What these new and valuable items were he does not state. They might be of great interest to the "brethren."

The general management as to exercise, amusements, driving through pleasant localities, and visiting places of interest, with lectures, games, dancing, and anything that will attract the attention and change the current of thought from a morbid to a healthy course, has been very much the same as in former years.

A large part of the report is devoted to the subject of the excessive use of wines and other alcoholic drinks, and their effects on the mental condition of the "victims."

This indulgence (the excessive drinking of wines and ardent spirits) seems to be on the increase. "More persons, chiefly young men," the Doctor says, "either positively insane, or who have been seriously damaged, mentally and physically, by this cause, have come under our professional observation, or have applied here for advice and relief during the last year than we can remember before in the same length of time" "The excessive and continued drinking of wine leads to a peculiar disease of the brain, not always manifested by any violent demonstrations of conduct, and is therefore very apt to be disregarded until entirely beyond cure." "An utterly hopeless form of mental disease in these cases will be developed by any shock, whether of disappointment or otherwise, which a healthy man would have sustained without injury."

All *insane* persons, whatever the *cause*, the legal forms having been complied with, are admitted to the asylum. But a class known as "inebriates" are excluded, not because they are *not* mentally diseased, nor because they do not need restraint, but because "it is not fitting that they be domiciliated with the general insane." Such of this class as will go voluntarily to an institution, who are still capable of being controlled by moral motives, can be reclaimed and restored to their places in society. "But the thousands who will seek no place or means of restraint themselves, and who exclaim against restraint, if imposed, who are utterly unable or unwilling to exercise any control over the propensity for drinking, are still necessarily left at home, a constant grief and often a terror and danger to their friends." A few retain their moral sense fresh and unimpaired and suffer accordingly; "but the usual effect of excessive drinking, and that which renders the management of inebriates so difficult, is the deadening of the moral sensibilities." "The intellectual powers may remain undimmed: a person may be able to reason clearly and closely, and the power to perceive right and wrong remain quick and correct, and still all moral feeling be lost." "No pleasure results from doing right, no twinge of pain is felt from doing wrong." "No regard for truth is had, except so far as it may serve a present purpose."

Pathological investigations show that the brain, stomach and other organs are changed and diseased by the action of alcohol. "Healthy thoughts and healthy moral sentiments are not evolved by a diseased brain." "An inebriate has a diseased brain."

Some of the conclusions at which the doctor arrives are, that many of these are *recoverable*, as experience has shown: that they demand restraint that implies care and treatment, and *need* to be *cured*, and not *punished* into health; that this work must be done by the State or by responsible parties; that legal enactments must be such as shall secure a long period of restraint: that only a few, not exceeding twenty or thirty, should be domiciliated together, and a thorough examination of each case, in all its relations, must be had before committal. C. K. B.

Northampton, 1867.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 4, 1867.

VENOUS MURMURS IN THE NECK.

EVERY practitioner in medicine must remember with what eagerness he has applied his ear to the stethoscope, when as a student he was picking up the crumbs of auscultation which might fall to his lot, in "walking the hospitals,' if his awe-inspiring instructor has happened to announce that over the vessels of the neck in some pallid victim of chlorosis, the portentous *bruit de diable* was humming and buzzing its constant tune. The seat of the murmur is now generally conceded, we believe, to be in the jugular veins. The *modus operandi*, however, is still a matter of difference. This is something more than a mere question of curiosity, inasmuch, as generally explained, it is attributed to certain conditions of the blood, and so far has a direct bearing upon questions and methods of treatment; and although in the cases in which it exists there are usually other decided indications, yet we think we are right in supposing that it is usually looked upon as a very marked sign of anæmia. Furthermore, any solution of a pathological problem which determines any question with scientific accuracy is of value, apart from all questions of practice. The habit of investigation which it developes cannot be too highly prized or cultivated.

The most commonly received explanation of this phenomenon is, that it is due to a change of relation of the consistence of the blood to the walls of the vessels. Admitting that it is produced in the veins, Dr. Watson, following Ogier Ward, says, "The sound, though continuous, has often a marked and regular increase or swell, which keeps time with the heart's systole, and is believed to depend upon the pulsating pressure of the contiguous artery." Dr. Tanner cautions against attaching too much importance to it, as "it may be detected, though probably in a less degree than in anæmia, in the great majority of healthy individuals, and almost always in children and young women."

Recent investigators in France have called in question the theory that this murmur is due to the condition of the blood in any way, and have offered a new explanation of it. At a meeting of the Société Médicale des Hôpitaux, held on the 22d of March, 1867, and reported in the *Union Médicale*, M. Parrot made the following communication upon the subject:—

"From the time of Laennec it was generally admitted that the vascular murmurs of the neck are produced in the carotid, until, thirty or more years since, Ogier Ward, of Birmingham, demonstrated that they are seated in the veins. This opinion, adopted and developed by Hope, introduced into France by Aran, has to-day numerous adherents among us. Accepting it as sufficiently established, we propose to consider only the mode of production of these sounds, a question much more discussed, and which has received, up to the present time, only unsatisfactory answers.

"The murmurs, authors say, are caused by the friction of the blood against the walls of the vessels in individuals whose blood has lost its viscosity. Poiseulle and other physiologists have demonstrated that the friction theory is inadmissible, and we know to-day that murmurs exist in many people who are not anæmic. This theory, which rests on so poor a foundation, must be abandoned.

"In order to get at the truth, it seems advisable to consider the facts together. In the first group we will place those in which the heart presents nothing abnormal, but we perceive in the neck the two arterial sounds, with an intermittent murmur and a pulsation in the internal jugulars. These last two phenomena being isochronous, succeed the second sound and immediately precede the first. They are produced at the moment of the contraction of the auricle and of the reflux of the blood from this cavity into the veins, passing into the external jugular with a pulsation and into the internal with a *bruit*. It is easy to see that the state of the circulation in this last vessel is eminently favorable to the formation of a murmur. There is, in fact, on a level with the opening of the vein, a narrowing without complete obstruction, on account of valvular insufficiency, above which the pressure is less than below, where the blood is subjected to the influence of the auricle while contracting. There must necessarily, then, be found a current in the blood, the vibration of which produces a murmur.

"In a second group of facts the same state of things occurs, with this modification, that the murmur continues with reduplication. Now careful observation shows that this sound may be divided into two parts: one, the most intense, corresponds to the intermittent murmur above mentioned; the other is due to the vibration of a venous current which is formed at the moment when the blood which has accumulated in the internal jugular passes into the vena cava, where the pressure is relatively diminished. We see from this, that, contrary to the general opinion, the cause of the reduplication of the *bruit de diable* is in the venous circulation and not the arterial.

"The continuous murmur, without reduplication, differs in nothing from the preceding, except in the weakening of the stronger portion, which can no longer be distinguished from the second.

"In a third group there exists, more than in the second, a tricuspid, heart murmur, and in the external jugular two pulsations, of which one is isochronous with the systole of the auricle and the other with that of the ventricle; which proves that the blood is twice, and successively, driven back from the cardiac cavities into the veins, whence it receives a new reinforcement, which, immediately following the first, is confounded with it.

"As will be seen, we have made no account of the composition of the blood. It is sufficient, in order to produce cervical murmurs, that the valves of the internal jugular be insufficient, which occurs very frequently, as anatomy shows.

"These murmurs cannot, then, be considered pathological phenomena; they should not be regarded as symptomatic of a morbid condition, except when they are accompanied by a purring vibration *(frémissement cataire)* and a tricuspid murmur.

"M. Peter had made investigations at the hospital *des Enfans* with regard to the vascular sounds of the neck and their mechanism, and had arrived at the same conclusions as M. Parrot with regard to the symptomatic value of these sounds. He had come to the positive conclusion that it is not the organic condition of the blood, but that of the vascular walls, which produces morbid sounds. Laennec, in order to explain the *bruits de souffle* which are heard in the region of the neck in hypochondriacs, attributed it to spasm of the vessels. M. Peter was inclined to accept this explanation, which agrees well with the fact that, in the same individual, we may hear these sounds, and fail to find them after a short interval. On the other hand, in anæmic persons, in a state of deep cachexia, they may be completely wanting."

OBITUARY.

Died, at Providence, R. I., on the 23d ult., of apoplexy, Dr. Samuel Boyd Tobey, aged 61 years. From the papers of that city, we learn that he was born in Maine, but went to Providence when a boy. He was educated for the medical profession, and entered upon a practice which soon became large and successful, in that city. A part of the time he was a partner of Dr. Mauran, whose pupil he had been. If ever a man was made for a physician, Dr. Tobey was. To a thorough knowledge of his profession and a natural adaptedness for it, he added a gentleness of manner and a kindness of heart which won the affection and inspired the confidence of his patients. Most of them were exceedingly unwilling to give up his attendance, when he relinquished practice and devoted himself to his own business and to the care of a large landed estate that had been entrusted to him. He was equally successful in commercial as in professional pursuits, and aided to build up several most prosperous mechanical establishments. His counsel was much sought in matters of business, and was always given with readiness, with fidelity, and to the benefit of those who applied for it.

Dr. Tobey was long an approved minister of the Society of Friends. While he held to the tenets of his peculiar faith, with all the strength of religious conviction, he entertained a most liberal and catholic spirit towards other denominations; and while especially interested in the religious and in the temporal affairs of his own, he rejoiced in the prosperity of every form of genuine Christianity. He was a valuable and efficient officer of the Friends' Yearly Meeting Boarding School. The Rhode Island Hospital was largely indebted to his efforts. He was a member of the Board of Trustees and Chancellor of Brown University, and an active and liberal, although not always conspicuous supporter of the chief institutions of practical benevolence around him. He was a warm personal friend of the late Francis Wayland, with whom he was often associated in religious and benevolent enterprises.

At a special meeting of the Providence Medical Association, held on the 24th ult., the President, Dr. George L. Collins, announced the death of Dr. Tobey, and paid a feeling tribute to his many admirable qualities as a physician and a man. We regret that we have not space to publish Dr. Collins's remarks in full, as well as those of Dr. J. W. C. Ely, who followed him. The subject of their eulogy was most worthy of the testimony which his professional brethren bore to his great excellence. Drs. Clapp and Robinson also addressed the Society with similar language of affectionate regret and respect. The following preamble and resolutions were reported by a committee to whom the duty had been assigned:—

The members of the Providence Medical Association, having received the announcement that Dr. Samuel Boyd Tobey departed this life at his residence in this city, on the 23d day of June, 1867, desire to express their regard for the character of their late associate, and their grief at his sudden death. They therefore adopt the following resolutions:—

Resolved, That this Association sincerely laments the loss of one of its oldest members, who in his retirement from active practice retained a warm interest in the welfare of his younger brethren, and in the profession which he had long followed with so much devotion and success.

Resolved, That we desire to bear testimony to the traits of character by which he had attained a position of eminent usefulness and distinction in this community—to his unfailing kindness and courtesy, his conscientious fidelity, industry and promptness in all the numerous duties laid upon him, and his admirable executive abilities.

Resolved, That we offer to the family of our deceased friend the assurance of our sincere and respectful sympathy.

Resolved, That we will attend the funeral of the deceased, as an Association.

Resolved, That these resolutions be communicated to the family of our late friend, and be entered on the records, and published in the daily newspapers.

Dr. Caswell moved that the resolutions be adopted, and added a few words expressive of his warm admiration and respect, and mentioning incidents of his great professional devotedness. Remarks were also made by Drs. Gardner and Parsons. The resolutions were unanimously adopted, and the Society attended the funeral in a body.

The services were held in the First Baptist Church in Providence, which had been tendered to the Society of Friends. They were conducted according to the rites of the Friends, several of whom took part in them. Prayers were offered by Susan Howland and Rachel S. Howland, both of New Bedford, which were followed by brief addresses from the former and from Ellen Griffith, of Ohio, who closed with a fervent prayer. Dr. Sears, President of Brown University, next spoke in eulogy of the deceased, testifying to the rare combination of many virtues which had made his character so remarkable. The following gentlemen acted as pall bearers:—Rev. Barnas Sears, Robert H. Ives, Dr. George L. Collins, William A. Robinson, Henry L. Kendall, Benjamin Buffum, William S. Patten and Rufus Waterman.

Resolutions of respect to the memory of Dr. Tobey have been adopted by the contributors to the Providence Dispensary at the annual meeting of that institution, by the Board of Managers of the Home for Aged Women, and by the Commissioners of the Dexter donation. Rhode Island has lost one of her ablest, wisest and best citizens.

Alterative Laxative Pill.—In our issue of June 20th, we published a communication relating to a formula for an "alterative laxative pill." We were not then aware of the antecedents of the druggist whose preparation of the remedy was mentioned in the communication. We should be among the last to take up and recommend any one who had been expelled from the Pharmaceutical Association. We do not, however, question the good faith of the physician whose name is signed to the article referred to. P.

Cure of Ovarian Cysts without Operation.—The author introduces his subject by carefully stating that no one could be less easily convinced than himself of the efficiency of any method of treating ovarian dropsy except by ovariotomy. Two cases were, however, cured by him without operation. He classifies the remedies employed into—1. Preparations of gold, especially the oxide, in doses of 3-100ths to 7-100ths of a grain; 2. Analeptics and tonics, as Vichy water, iron, quinine, &c.; 3. Abdominal friction, with iodides of lead and potassium; 4. Diuretics, also applied by friction, chiefly squill, digitalis and nitre; and, 5. Graduated compression of the abdomen by elastic bandages. The gold was prescribed in the pleasantest form of tablet prepared with chocolate, and the frictions were made over all the body with soft woollen cloths soaked in tinctures of squill and digitalis, by which, it is worthy of note, marked diuresis was caused. The first case was of an unmarried woman, forty-three years old, with a large, probably unilocular cyst of the right side, which had existed for four years. Under the above treatment, the tumor disappeared in a month, and there were no symptoms of a recurrence of the disease three years afterwards. In the second case, a young girl of twelve, with a large multilocular cyst, was treated on the same principle; improvement occurred in fifteen days, and a cure, which promises to remain permanent, was produced in six months. Dr. Courty mentions having seen this disease in a still younger patient, under the charge of Prof. Simpson, of Edinburgh.—*Edinburgh Medical Journal* for June, from *Revue de Thérap. Med.-Chir.*

NITRO-GLYCERINE may be deprived of its liability to explode at the slightest shock, by adding to three parts of this explosive compound one part of methyline. It can then be transported any distance, in any manner, without the least danger. To restore its original explosiveness it is only necessary to add an equal quantity of water to decompose it. On shaking it the nitro-glycerine is easily separated, the methyline combining with the water.

The grand fête of the Kourban-Beiram has recently been held at Mecca, and the report is that thus far no contagious disease has appeared among the numerous pilgrims assembled on that occasion. The Governor-General of the Hedjaz and the Grand Sheriff of Mecca had taken all necessary sanitary precautions, adopting the hygienic measures recommended by the International Sanitary Conference at Constantinople. It will be remembered that the last epidemic of cholera in Europe had its starting point from Mecca, the disease being transported by the returning pilgrims to Alexandria, from which it spread in various directions.

In the recent war between Prussia and Austria, 164 officers and 2,573 soldiers of the Prussian army fell on the field of battle; 120 officers and 2,881 soldiers died subsequently of their wounds, making 5,738 in all; 562 officers and 14,730 soldiers wounded, recovered. What a fearful mortality! exclaims the *Union Médicale;* and attributes it largely to want of care on the part of the government for the lives of its soldiers, in engaging in war without any adequate sanitary organization for their relief.

The statistics of the French Minister of War show that 6,773 conscripts were exempted, during the ten years from 1852 to 1862, for stammering.

The day following his election as member of the Academy of Sciences, M. Nélaton received at St. Cloud, from the hands of the Prince Imperial, the insignia of Grand Officer of the Legion of Honor.

Jäger, the distinguished German oculist, recently died at Vienna, aged 84 years.

The *Union Médicale* announces the death of M. Civiale, the celebrated lithotritist, who was the first to do lithotrity on the living body. He died at the age of 75 years, an Associate Member of the Institute, Honorary Member of the Academy of Medicine, Officer of the Legion of Honor, &c.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, June 29th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	39	27	66
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.9	34.5	70.4
Average corrected to increased population - - - -	00	00	78.39
Deaths of persons above 90 - - - - - - - -	0	0	0

Correction.—In our last number, p. 429, in the heading of the first case in the Records of the Boston Society for Medical Improvement, for "with severe symptoms," read *without severe symptoms.*

Communications Received.—A note from Dr. Charles M. Carleton, of Norwich, Conn., was received too late for insertion this week.

Books Received.—A Practical Guide to the Study of the Diseases of the Eye: their Medical and Surgical Treatment. By Henry W. Williams, M.D. Cantab., &c. Boston: Ticknor and Fields. 1867.

Deaths in Boston for the week ending Saturday noon, June 29th, 66. Males, 39—Females, 27. Accident, 2—anæmia, 2—disease of the brain, 4—bronchitis, 2—cancer, 1—cholera infantum, 1—consumption, 15—convulsions, 1—croup, 1—diarrhœa, 1—dropsy, 2—dropsy of the brain, 1—drowned, 1—exposure, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 2—hernia, 1—infantile disease, 2—indigestion, 1—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 1—old age, 1—paralysis, 1—premature birth, 1—rheumatism, 1—smallpox, 4—disease of the spine, 1—tumor, 1 unknown, 3.

Under 5 years of age, 17—between 5 and 20 years, 15—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 48—Ireland, 15—other places, 3.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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THE RELATION TO GENERAL MEDICINE OF THE DISCOVERIES AND ADVANCES OF OPHTHALMOLOGY DURING THE LAST DECADE.

Messrs. Editors,—The following remarks of Prof. August Rothmund, of Munich, show so clearly the relation to general medicine of the discoveries and advances of ophthalmology during the last decade, that for the benefit of your readers I have translated them from the *Vienna Weekly Medical Journal* for Feb. 26, 1867.

Respectfully yours, B. Joy Jeffries.

When any great and remarkable discovery has been made in some one department of natural science, history shows that it has always had a permanent and reforming effect upon the allied branches. And we find, also, in medicine, that when particular parts of the science are at times cultivated, a favorable impulse is given to the others. In the following *résumé* I shall endeavor to show how the recent advances in ophthalmology may be turned to account in general medicine, and looking for this purpose at the separate parts of the eye, it will be readily seen that the very latest discoveries deserve from general medicine the fullest consideration.

Let us commence with the retina and optic nerve. A true knowledge of the diseases of these organs dates back to the invention of the ophthalmoscope, as it is only by the help of this instrument that the retina and optic papilla can be seen in the living human being. We may regard the retina as an outpost of the brain, a portion projected to the surface, completely open to observation. We can, moreover, see the entrance of the optic nerve, the only one of the nerves of sense exposed to view in the living organism. It naturally, therefore, occurred to the observer, soon after the invention of the ophthalmoscope, that certain central affections would cause material alterations in the optic nerve and retina, and allow us to deduce from them the nature of the cerebral affection. At the very first, attention was called to the whitish, tendon-like color of the optic papilla following cerebral amaurosis; soon, also, it was seen that encephalitis and meningitis, especially the basilar forms, could be readily connected with neuro-retinitis, in which the nerve is swollen and the retina often hyperæmic, infiltrated and cloudy. It is, however, cerebral and orbital tumors which especially produce, by pressure on the optic nerve, changes in its histological condition. In such cases, the ophthalmoscopic appearances are, the so-called mechanical hyperæmiæ of the papilla (tortuous, swollen veins, prominence and grayish discoloration of the papilla, often associated also with hæmorrhagic collections in the retina). In the *meningitis cerebro-medullaris* which lately visited some parts of Bavaria, a blindness not unfrequently occurred, in which the ophthalmoscope showed neuro-retinitis and diffuse retinitis, with sometimes plastic, sometimes purulent exudation, often connected with paralysis or with subsequent irido-choroiditis.

Important as are these objective conditions in cerebral diseases, the subjective appearances in the eye deserve equal attention, and among these especially the manner in which the field of vision is contracted in commencing blindness. Since attention has been carefully directed to this latter, namely, in commencing amblyopia, and not only the acuteness of vision but the perceptive power of the peripheral parts of the retina been noted, we have very greatly advanced in the precise diagnosis and prognosis, and also arrived at a rational starting point in the treatment of these diseases. To mention a striking example, it has long been known that many affections of the brain are associated with hemiopia; we know also that the optic nerve fibres cross at the chiasma, and although there is still much dispute in reference to the method and manner of the decussation, and the course of the separate fibres is not yet fully known, yet it is quite clear that the right optic tract sends one portion of its fibres to the *right*, and a considerable also to the *left* eye. It is likewise true that the fibres from the *right* track going to the *right* eye run principally on the outer side of the right optic nerve, and those which go to the left eye are on the inner side of the optic nerve. There is an analogous condition of the fibres from the left optic tract, i. e., the right optic tract supplies the right half of both eyes, whilst the left is supplied by the left optic tract. From this anatomical relation, it may be readily clinically deduced that in those forms in which the external field of vision on both sides is defective, and correspondingly the two *internal* halves of the retinæ not sensitive, the difficulty, whether a tumor, exudation or extravasation, must lie in front of the chiasma; moreover, that in hemiopia, when the right or left halves of the retinæ are incapable of transmitting impressions, the corresponding right or left optic tract being affected, the difficulty must be behind the chiasma.

In Bright's disease, the changes in the retina deserve attention. Landouzy, Frerichs and others had long ago noticed the marked trouble of vision in this disease. But these early observers attributed it to imbibition of urine, whilst the invention of the ophthalmoscope has proved material changes in the retina so characteristic of the affection, that cases not unfrequently occur in which the trouble in the kidneys is dignosticated solely by these alterations. The ophthalmoscope shows us white or dirty white opacity of the retina, first around the optic papilla. The peripheral edge of this opacity appears in many cases irregular, jagged, terminating in small white detached spots. The vessels are gradually surrounded by this white exudation, so that only portions of them are visible. The nerve generally appears swollen and projecting. Groups of white points are seen in the region of the macula lutea connected together by prolongations. Besides these we have larger or smaller retinal ecchymoses. We may therefore consider the disease a retinitis apoplectica recurrent and insidious, causing change of tissue in the parts affected. Subjectively the patients complain of weak and clouded vision, the field exhibiting interruptions rather than contraction. Although there is no doubt of the connection between the shrinking of the kidneys and the retinitis, yet each affection is somewhat independent of the other, in that the retinal changes and accompanying difficulty of vision may partly or wholly disappear, whilst the trouble with the kidneys progresses. Although amblyopia accompanying morbus Brightii is generally dependent upon retinal difficulty, yet cases occur where the dimness is due to uræmic imbibition. Retinal trouble comes not only with diffuse nephritis, but also with amyloid degeneration, as Traube and Beckmann have shown; in the majority of the cases, also, disease of the heart may be found, namely hypertrophy of the right ventricle.

The so-called *retinitis pigmentosa*, characterized by deposit of black pigment in the retina, causing slowly progressive contraction of the visual field, and with appearances of hemeralopia leading nearly always to blindness between the 40th and 50th year, deserves here our attention, since Liebreich has shown that the disease especially affects children of parents who are blood relations (40–50 per cent.). I noticed long ago that this affection was seen almost exclusively among the Jews, which is now readily explainable by the frequent marriage among them of blood relations. Irregularities in the retinal vessels are found moreover in disease of the heart, in anæmia and leukæmia; and whilst in the former the veins especially are dilated and varicose, in anæmia and leukæmia there is such a lack of blood as to produce dimness of vision. I reported a case a few years ago, where sudden blindness having been caused by anæmia, I succeeded in restoring sight by paracentesis of the globe. A. von Graefe, Jun. obtained the same result in a similar case by iridectomy. —Apoplexies of the retina are not uncommon, either spontaneous or traumatic, or finally accompanying inflammations. Although absorption takes place rapidly and vision quickly returns after the sudden blindness, yet the prognosis of apoplexies is very grave, as they are only too often the forerunners of subsequent *cerebral* apoplexy. I can recall several people who had consulted me for scotoma in the visual field or sudden partial or complete blindness, and shortly afterwards died of apoplexy; retinal apoplexies, therefore, deserve our fullest consideration. Embolus of the main trunk or a branch of the central artery and consequent complete blindness or contraction of the field of vision has been often noticed, and in rare cases the gradual disappearance of the plug very perfectly observed with the ophthalmoscope.

In secondary syphilis, also, we find affections of the retina, and if the appearances in this retinitis are not perfectly characteristic of syphilis, yet the opthalmoscope shows with certainty that the retina may be affected in secondary syphilis without the choroid participating. The prognosis in such cases is quite favorable, and I have generally seen in the majority of cases a complete restoration of vision in from six to eight weeks under an antisyphilitic treatment. Zehender says correctly: "Idiopathic affections, especially inflammations of the retina, are very rare. The large majority of all retinal diseases are rather due to interruptions to the general health, namely, irregularities in the circulating system, heart or kidney troubles, syphilis, &c., or they occur from local changes or injuries in the choroid or vitreous. Whilst modern ophthalmology in opposition to the old school has sought to group the forms of the diseases of the eye in accordance with their anatomico-pathological appearances, and do away with names drawn from the dyscrasiæ which were their presumptive cause, we return, especially in retinal diseases, back again to the school of dyscratic ophthalmic diseases. Experience with the ophthalmoscope has convinced us, and each day more clearly, that certain retinal affections dependent upon general disease may appear so characteristic that the latter can be safely diagnosticated by ophthalmoscopic examination. Such experiences, where the ophthalmoscopic result gives almost positive symptoms of the general affection, lead naturally to a nomenclature which cannot neglect the close connection between the local ophthalmic disease and the general malady." There are, nevertheless, cases of blindness in which the objective appearances on the brain and in the optic nerve are negative, and we are reduced to very doubtful etiological data. I would recall here amaurosis from the abuse of tobacco (nicotine amaurosis), lead disease, after the use of quinine, in disturbed menstruation, hæmorrhages of the stomach, suppressed habitual hæmorrhages and other excretions. It is interesting to notice, also, that cerebral amaurosis is much more frequently observed in men than women.

As to the choroid, the majority of its affections are not associated with derangement of the general system, and are therefore to be omitted from our résumé. That the choroid is frequently affected in syphilis has been long known, not, however, that it participated in every inflammation of the iris. A peculiar form of choroiditis, known under the name of disseminate, is regarded by many as a positive sign of secondary syphilis, which I however much doubt, as I have had several cases in individuals where no thought of syphilis could be entertained, and who showed no other symptoms of the disease. *Tubercular* infiltration of the choroid has been mentioned by Manz and Jäger. The tubercles appear as grayish white round bodies, of the size of a linseed to that of the diameter of the papilla and over, sharply cut against the fundus, and appearing in large groups; they are always observed in connection with general miliary tubercle, and where, therefore, the diagnosis lies between typhus and miliary tubercle, this fact may be of importance to the pathologist.

In this connection, I would make a few remarks with regard to the *relation of glaucoma to arthritis*. It is a recognized fact that glaucoma occurs principally in arthritic persons; the older authors, therefore, in time of the general crases school, called it choroiditis arthritica. Modern times have shown glaucoma to be an extended inflammation of all the internal organs of the eye, dependent upon venous hyperæmia, coming on with marked increase of intraocular pressure, leading to excavation of the optic papilla, and showing a great tendency to degenerative atrophy of the parts within the globe. This view that glaucoma is principally due to increase of intraocular pressure has led, as we know, to the remedy for this heretofore incurable disease; for by iridectomy we can, as von Graefe has proved, lessen the pressure. Although we have regarded glaucoma as a local process, the local treatment employed being most completely triumphant, yet it remains nevertheless very noticeable that the arthritic person is especially attacked, and it seems probable that some peculiar relation must exist here. I think that the cause is the condition of the sclerotic; all fibrous membranes are, in arthritic people, by deposit, rendered more firm, harder, inelastic, and thus in such an inelastic sclera the slightest choroidal congestion increases the pressure within the eye; whilst in a more yielding membrane a transient congestion is equalized by stretching. A proof of this may be that in young persons with elastic sclerotics glaucoma does not occur; moreover, in myopes, where, as we know, the sclera is thin and bulges posteriorly, and is therefore more yielding, glaucoma is much more seldom observed than with emmetropes and hypermetropes.

Another disease has been described under the name of choroiditis *pyæmica*. Namely, cases of purulent ophthalmiæ in the course of purulent fevers; for example, in puerperal women with childbed fever, formerly called metastasis of milk. This disease begins most generally with a choroiditis and rapid deposit of exudation in the vitreous, quickly followed by panophthalmitis, and ending, if death does not sooner occur, in an atrophy of the globe. To these remarks on affections of the choroid I may add, that all inflammations of this membrane are much more dangerous than those of the retina; the reason being that the retina is readily loosened by exudations, or at least the basilar layer adjacent to the choroid is altered, whilst retinal exudations, even when considerable, protrude into the vitreous, and may then become absorbed without further damage.

In choroidal diseases we saw that certain processes are not only to be referred to so-called dyscrasiæ, but that mechanical alterations had also great influence upon them; now in reference to inflammations of the iris this is still more marked. It is well known that these frequently occur in patients with syphilis, and more especially the pustular form. Yet with this disease the iritis is not so characteristic that we can determine from it alone the dyscrasia in question. It is certain that there is scarcely a disease which relapses so readily and so frequently as this, and the old practitioners are right, therefore, in referring the cause of the repeated iritis to the continuance of the syphilitic affection. Yet for the majority of cases this is not quite true, since we know that in iritis the exudation primarily and principally affects the edge of the pupil, producing therefore very readily adhesions between the anterior capsule and the iris at its pupillary margin, so-called synechiæ. As now the iris consists of movable muscles, such attachments must cause constant stretching, producing irritation, inflammation, new adhesions, and so closure or obliteration of the pupil. Proof that this purely mechanical condition, and not the present dyscrasia, causes such inflammations is, that an iritis once having caused adhesion readily recurs, the oftener and the quicker, the broader and more mumerous these adhesions. Moreover, inflammations of the iris which do not leave synechia rarely relapse; finally, when we, by freeing these connections by operation (iridolysis), or cutting out a piece of the iris (iridectomy), prevent the injurious stretching, further relapses do not occur. Hence the primary therapeutical indication in iritis is frequent use of atropine drops, either to prevent, if possible, the synechia, or if it has occurred, to loosen it by treatment or operation.

Careful observation of the transparent media of the eye, the cornea, lens and vitreous humor, gives us important data in reference to diseases of the general system. First of all in the *cornea*, inflammation is not alone dependent upon the presence of the vessels, and hence keratitis is worthy of special study. By the name of neuroparalytic keratitis, is understood a suppurative inflammation of the cornea occurring after section of the trigeminus nerve in animals. Similar suppuration of the cornea has been seen in man in cerebral disease, principally intra-cranial tumors. The symptoms are, rapid clouding of the cornea, sudden deep necrotic ulceration, causing its complete destruction. Hence it has been supposed that the fifth nerve stood in direct relation with the nutrition of the cornea. Later experiments by Snellen and Donders have given another interpretation. According to them, the destruction of the cornea depends upon its insensibility after section of the trigeminus, so that no external foreign bodies, as dust and hairs, &c., are felt and therefore lie upon it; moreover, accidental blows, scratches, &c., are not perceived. From this irritation the inflammation of the cornea proceeds. If, after section of the fifth nerve in an animal, we sew the lids together and thus protect the cornea, this destruction takes place very slowly. blows of course not being prevented; sewing the long ear of the rabbit, supplied by other sensitive nerves, over the eye after section of the trigeminus, will, according to the above authors, entirely prevent the destruction.

Winther, who has made extended experiments in this direction, says, 1st. Sewing a protection of muscle or skin over an eye whose trigeminus has been cut, prevents inflammation and opacity so long as it remains. 2d. After loosening or removing the cover, the inflammatory symptoms appear; more slowly and milder the longer the time after section of the trigeminus. According to Winther, these two facts, that after section of the trigeminus (1) inflammation of the eye always occurs upon exposure to the air; (2) inflammation never occurs when the eye is protected, seem adapted to throw some light on affections resulting from cold, and will be perhaps points of departure in experimentation upon what is called the rheumatic diathesis. Cases of this keratomalacia have been seen in epidemic cerebro-spinal meningitis. Niemeyer records several cases in which a keratitis commenced with injection and muco-purulent conjunctival secretion from the eye, leading in a few days to keratomalacia and hypopion, and refers it to a purulent basilar meningitis extending to the neurilemma. Schirmer, on the other hand, explains this circumstance by the traumatic injury to the cornea from insufficient closure of the lid, the patients in their comatose condition not closing the eye completely, so that dust and other foreign bodies can enter the palpebral aperture unhindered. We may in the same way explain ulceration of the cornea in typhus, tuberculosis and meningitis, without having to assume an injury to the 5th nerve. Whether the corneal disease which is comparatively frequently associated with the exophthalmos in the severer degrees of Basedow's disease, is due to the lack of protection and moisture, is still doubtful. Yet the course of the affection, as Græfe has observed, resembles the keratitis after section of the trigeminus, assisted perhaps by the stretching of the ciliary nerves from the rapid displacement of the point about which the eye turns, or compression of the nerves by distended vessels, or hypertrophy of the adipose cellular tissue. The favorable result from enlarging the palpebral aperture in this disease seems to support this view.

The causes in general of the frequent *opacities of the lens* have not yet been discovered, as we have no dyscratic influences to refer cataracts to, or local influences, except direct injury, and over-exertion of the eyes; von Walther's proposed theory of inflammation also meets with no general acceptance, although since, lately, Virchow has taught that inflammation may occur in a nonvascular organ or one which derives its support from a distance. Donders has observed some very acute anomalies of nutrition in the lens. It can only be safely said that opacity of the lens occurs frequently after long continued choroidal disease; I would simply mention here the frequent occurrence of posterior polar cataract in staphyloma posticum or excessive degrees of myopia. A remarkable fact is the relative frequency of cataract in diabetes, and also the appearance of cataracta zonularis, so called lamellar cataract, in children with rachitic dental structure, hydrocephalic heads, or those who have had frequent convulsions. Arthritis does not seem to stand in any direct relation to cataract. Since we have been able to recognize a commencing cataract with the ophthalmoscope, all reports of curing cataract by internal remedies, such as mercury, iodine, antimony, &c., have gradually disappeared from literature. That the lens becomes harder with increasing age and therefore the near point of the eye recedes, is a fact long known; not so, however, that this, in the normal eye, is so progressive a process that from the number of the glass used for near work the age of the individual can be determined, as has been shown by Donders.

With the same right as with the lens, we may speak of an inflammation of the *vitreous*, a hyalitis; this is, however, connected with inflammation of the retina and optic papilla. The exudations are sometimes purulent, sometimes of fibrous character, and often so excessive as to displace a greater part of the vitreous. Cysticerci in the vitreous excite our special attention here. It would seem as if they came in to the vitreous after perforating the retina, and their origin was in the latter or the choroid. Since we know from Siebold, Küchenmeister and Leuckart, that the general cause of the presence of chains of tapeworm and cysticerci, is the use of raw flesh, we can understand why these parasites are so commonly observed in North Germany, whilst they are but rarely met with in South Germany.

The *conjunctiva* affords us much worthy of observation in reference to affections of the general system, since the crasis theory has been dropped and the affections of this membrane have been classed according to the laws of inflammatory products. With the exception of trachoma, an affection peculiar to the mucous membrane of the eye, we find in the conjunctiva the ordinary processes of mucous membranes, such as catarrh, blennorrhagia, diphtheria and herpes in the so-called syndesmitis phlyctænulosa; and this division is of great value, since in each of these inflammations different remedies are known to be beneficial. For instance, the caustics almost abort blennorrhœa of new-born infants, whilst in diphtheria they only do harm, and I cannot understand how they are useful in diphtheria of other organs, for instance the fauces and larynx. Military ophthalmia is now generally conceded not to be a specific disease, but partly a catarrh, partly a blennorrhœa, generally though a trachoma, and caused in the majority of cases by the over-filling of badly ventilated localities.

The diseases of the *muscles* of the eye have special interest for the neuropathologist, for commencing cerebro-spinal trouble very often first makes itself known by difficulty in the ocular muscles, and double vision is often the first symptom of the disease. Complete oculomotorius paralysis we may refer to a cerebral cause, whilst partial paralysis very rarely can be done so. I may recall in this connection the crossed double images of drunken persons, and the divergence of the optic axes in chloroform sleep. We know that very various affections of the brain may produce such paralysis of the oculomotorius, but syphilis seems to be a very frequent cause. According to von Graefe's observation paralysis of accommodation with mydriasis is sometimes the forerunner of mental affections, especially when the former is transient, frequently recurring and affecting the two eyes alternately. The so-called diphtheritic paralysis is still more interesting here, occurring often after diphtheria of the fauces and causing especially paralysis of accommodation, occasionally combined with paralysis of the soft palate and œsophagus. This paralysis comes on always a few weeks after the cure of the local diphtheritic affection. Very little is known in regard to the nature and causes of this paralysis, as Nagel says, we do not even know whether they are central or peripheral. On the one hand it is thought that the alteration in the mixture of the blood associated with the general disease, causes morbid processes in the central organs of the nervous system; on the other hand many cases of unilateral paralysis with unilateral throat affection speak for a local extension of the trouble from the periphery; finally, Zenker, who has seen the same degeneration of the muscles in typhus and in diphtheria, attributes a myopathic origin to diphtheritic paralysis. Müller's hypothesis seems to be little supported, namely that the frequent paralytic ocular affections are due to the extension of the morbid process from the palatine nerves, through the nervous filament running from the spheno-palatine to the ciliary ganglion, which filament Hyrtl considers fibrous. As we know, the course of diphtheritic paralysis of accommodation or of the muscles of the eye is favorable, and followed in a few weeks by complete restoration. (Nagel.)

We have thus reviewed all the separate parts of the eye, and seen how each is associated with affections of the general organism.

A REMARKABLE CASE OF TOXHÆMIA STRIKINGLY SUGGESTIVE OF GLANDERS.

By W. H. Triplett, M.D., Woodstock, Va.

[Communicated for the Boston Medical and Surgical Journal.]

Under this caption, I propose to report a unique case of blood-poisoning, which I think is well worthy of a place in your Journal. Its origin was so obscure, the peculiar manner of introduction of the disorganizing agent so mysterious, as were also its accompanying phenomena, that I prefer to give a simple detail of its prodroma and cropping out, and allow my professional brethren to form their own deductions and assign it its proper place in the pathological table. I am not one of those who believe in the generation of new diseases, nor am I willing to admit even a "change of type" in the old. In many cases that are veiled in doubt and obscurity, the *modifying influence* may be discoverable in the previous history of the patient. As to acute febrile disorder, whatever be the morbific agent, when it varies much in the expression of its peculiar phenomena, we are at a loss for information fixing its specialty. This in large measure is attributable to our want of more definite knowledge of the condition of the blood and of the secretions which attends these acute disorders. Unquestionably the field of research lies in the fluids of the body, and our hope of advance will never be realized till the handmaids of medicine, microscopy and chemistry, come to our relief.

In the present state of our knowledge we are compelled to wait for days to elapse before we can say this is a case of syphilis, of smallpox, of typhoid fever. Shall we always labor under these disadvantages? always be compelled to wait for the cropping out? wait for expressive blossoms? wait till the fermentative process has impressed the zymotic action on every blood-cell, fibre and constituent of the body? This is not the worst of it; if the cropping out is tardy or irregular, our perplexity increases, and we feel more than ever chagrin over our ignorance and incapacity. Unquestionably the finer part of medicine has yet to be learned.

If the subjoined case was one of pyæmia, then I must confess that there were certain irregularities in its manifestations that I had never seen before. If it were one of transmitted glanders, its prodroma were most unusual and significant.

On April 30, 1867, I was called to see Robert F., aged 20, clerk. Complained of severe pain in the calves of his legs. Had taken a walk several days previously of five or six miles, and had felt badly ever since. His pulse was nearly natural; skin comfortable; secretions all well performed. The parts were very painful on pressure, but were not discolored or much swollen. I believed it to be a case of simple myositis from over-exercise, and ordered rest and Dover's powder, with quinine three times a day.

The next day he pronounced himself better, though his legs were still sore and painful, and he was unable to walk upon them. After limping about the house on crutches for four or five days, he got worse, and sent for me again. His calves were now hot and tender, and appeared more swollen than when last seen, though there was no erysipelatous blush of the skin. The left was more painful than the right. His pulse was soft, and beating 90 to the minute; tongue a little furred, and his appetite not so good as it had been; no motion from the bowels for two days; skin and kidneys secreting very well. Gave saline purgative and applied wet cups to his legs; when removed, to have them swathed in hot flannel saturated with Fleming's tinct. rad. aconiti. To have half a grain of opium and two grains of quinine every four hours. Milk diet.

May 10th.—Rested well last night, and the pain in his calves much relieved. Complains this morning of *soreness* all over him, particularly in his forearms and hands, the backs of which are puffed, and there is an erysipelatous blush along the middle metacarpal bones, with tenderness on pressure, as if their periosteum was involved. Pressure upon all the long bones gave him pain. Pulse 110, and a little sharp; skin dry; tongue furred; complained of headache and of general distress. The case, as it now stood, was exceedingly obscure—none could be more so. Ordered antimonial saline mixture to relax his skin and establish the secretions. Milk diet.

11th.—Did not rest well last night, though he had taken a large Dover's powder, with morphine. Skin very hot and dry; tongue dry and brown in the middle; pulse 130, very full and hard; hands and forearms very much swelled; the erysipelatous blush had extended over the hands, and the left elbow was red, swollen and painful; the bridge of the nose was red. On looking at his feet they were found discolored above and a little puffed. Abdomen tympanitic. No motion from his bowels. Urine *copious* and high colored. I now became alarmed for the safety of my patient. It was quite evident some powerful irritant was introduced into the circulation, but what is was puzzled me in the extreme. Thinking over the blood poisons, I began to suspect pyæmia, but where was the nidus? I again re-examined his calves, but could find nothing suspicious in their appearance. I thought they seemed a little full, but the man had a fleshy leg. I *thoroughly* examined them, and was still in doubt. I thought one of them a little too pendulous, and believed I had discovered *fluctuation.*

I took another physician to see him, but he could discover nothing to throw light upon the case. I made an exploratory puncture into the more suspicious looking calf at its most pendulous portion, but after burying the point of the instrument upwards of an inch nothing but thin blood flowed out of the wound. I now carried it down nearly its whole length, when it suddenly jumped into a cavity. Dark-looking blood and pus welled up through the opening. Making a free incision, large firm black coagula, swimming in a dark fluid formed of disorganized blood and ill-looking pus were extruded. Quite a quantity was discharged. The left calf was treated the same way with the like result, though the collection did not lie so deeply, nor was the quantity so large as in the right leg. The case, then, was one of pyæmia, which had its foci at the hæmorrhagic points, but whether the immediate result of local phlebitis or dependent upon absorption of a peculiar irritant generated at those points could not be told. But *after* the bad collections had been evacuated the constitutional irritation did not subside; however, this does not settle the point at issue, since it has been fully demonstrated by cases of accidental *inoculation*, that pyæmic irritation does not depend upon the *quantity*, but rather the *quality* of the absorbed poison; and moreover, has the same power of propagation or reproduction, as has smallpox or any other of the zymotic poisons; else how could be explained those fatal cases of inoculation which every now and then occur? As to its transmissibility, pyæmia producing pyæmia, I cannot speak, as I do not know that there are any cases on record.

A calomel purge was given him, and as he complained of so much pain the opium was increased as soon as he had an evacuation. He took pulv. opii gr. i., quin. sulph. grs. iss., made into pill; one every two hours. Iced lemonade and iced milk were given freely. He had no nausea, and ate whatever was given him. He was very anxious to have something left for him to make him sleep at night. To-day he was quite nervous and had an anxious look.

12th.—Slept better last night, but his general condition not improved: pulse 135; not hard as it was yesterday; had many stools, light colored, thin, not offensive. The left side of his nose and left upper eyelid were very much swollen; his head did not hurt him much. His joints were closely inspected, but with the exception of his left elbow, none of the larger joints were affected. This was swollen and painful. His hands and forearms were very much swollen, and an erysipelatous blush had spread over the dorsum of his feet, which were a little œdematous. On the right arm midway of its external aspect, a considerable quantity of matter had collected: a similar abscess was also found over the right fibula, and one at the lower part of the left calf near the fibrous expansion of the tendo-Achillis. Same treatment continued.

13th.—Patient disposed to wander; nose much swelled and left eye closed; a blush of inflammation extended down the right side of the nose. Numerous *pustules* had made their appearance over the chest, and a collection of matter was felt near the nipple: at numerous other points small abscesses could be felt. No irruption had occurred in the large joints, which were again carefully examined. Had many evacuations from the bowels, which were of typhoid character, and very offensive. General condition of the patient pretty much as yesterday. Treatment continued.

14th.—Always dozes after taking a pill, but wanders more than he did, and is constantly moving his hands about. His right eye is now closed and he can see no one, yet recognizes familiar voices, and speaks intelligently when addressed by name. A thin straw-colored secretion is running from his right nostril; his whole body is dotted with pustules, and several very large ones are to be seen about his neck. His nose is enormously swollen, and several erosions of the skin (which is very purple), have taken place on its left side, permitting a view of the thick cheesy matter that distends the whole substance. There is some difficulty in swallowing, the fauces appearing to be involved. Pulse 135, and not so strong as yesterday; it is losing power; bowels very loose and discharges fœtid; skin gently moist; tongue furred and nervous. Urine liberal in quantity, high colored. He is very nervous and desires frequently to change his position.

15th.—He can scarcely swallow; the sides of his neck are swollen; his face is miserably disfigured by the swelling of his nose and eyes, which is increased by dark incrustations upon his upper lip from the secretions from his nose.

His pulse is quite feeble, and dark bullæ have made their appearance among the pustules: his bowels are still loose and the discharges fetid. Some of the abscesses have disappeared from under the integument, but others have made their appearance at different points. The tops of some of the pustules have been rubbed off, leaving hard red bases. On the morning of the 17th, two days after, the man died. Died of what?

May I be excused for expressing a doubt, and suggesting that the closing scenes of this case more closely resemble those of glanders than they do of pyæmia. I am inclined to this opinion upon this ground: that whilst there are no pathognomonic symptoms of pyæmia, yet there is a series of occurrences or events, which attend the pyæmic condition; and however variable this class of cases may be, yet one or more of these symptoms will generally be present, viz.: rigors, profuse sweats, an icterode appearance of the skin, rapid emaciation, rapid respiration. I have never seen a case of pyæmia in which all of these symptoms were absent. Now for the negative evidence: I have never seen a case of pyæmia that cropped out in pustules and affected the nasal cavities and the substance of the organ as in this case.

But there is a disease that does so affect the skin and the nose; it is glanders. Yet if we go into an analysis of this case, we shall not find those rigors, those *hideous, fœtid sweats*, the *ulcers*, the *gangrenous spots* and *hard tubercles* so particularly described by those who have observed the ravages of the disease in the human subject, and on which so much stress is laid, particularly the " hideous, fœtid sweats."

If the case was one of glanders, the patient did not acquire the disease by inoculation (for I was careful in ascertaining that fact), but must have *inhaled* the poison. When? Where? There are glandered horses in the town, and have been ever since their introduction by the United States cavalry during the war;—it seems impossible to get rid of them. Abandoned horses, broken down by hard usage and disease, having a chronic running from one nostril, which nearly dries up at times and encourages hope of recovery, then suddenly relapses; these horses, mostly owned by negroes and undoubtedly affected with chronic glanders, are at this time of year running at large over the common and public roads. It is just possible that he acquired the disease from one of these animals. If he was so affected, its approaches or early manifestations were very insidious and obscure. Undoubtedly he had a hæmorrhage in the calves of his legs, which, after a week of local distress and inflammation, was followed by constitutional symptoms and blood-poisoning—this sounds very much like the story of pyæmia.

Reports of Medical Societies.

VERMONT MEDICAL SOCIETY—SEMI-ANNUAL SESSION. REPORTED BY L. C. BUTLER, M.D., SECRETARY.

The Vermont Medical Society held its semi-annual session at the Court House in Burlington, on Wednesday and Thursday, June 19th and 20th, 1867. The President being absent, the Society was called to order by Dr. H. D. Holton, Vice President.

The Board of Councillors met at 9 o'clock, A.M., June 19th. Upon recommendation of the Board, Drs. C. C. Smith of Gaysville, John Knowlton of Castleton, A. W. Styles of Sudbury, Chas. W. Peck of Brandon, and Wm. H. Giddings of Bakersfield, were elected members. By invitation, the members of the Society visited the Medical College at 11, A.M.

In the afternoon, papers were read as follows:—On *Pyæmia*, with cases, by Dr. S. T. Brooks, of St. Johnsbury. On *Chronic Diarrhœa*, by Dr. E. H. Pettengill, of Saxton's River; also one on *Foreign Bodies in the Air-Passages*, by the same. On *Septicæmia*, or *Blood-poisoning*, by Prof. Crosby, of the University of Vermont. The thanks of the Society were tendered to Dr. Crosby, and a copy of his paper requested for publication in their Transactions.

An address was then delivered by the Vice President of the Society, Dr. H. D. Holton, introducing as topics for contemplation, *Medical Education*, under which head, he suggested among other things, the need of some title which should indicate the standing of a scientific and regular physician, that of M.D. being adopted by irregular practitioners. He passed to the subject of *Criminal Abortion*, alluding to the alarming prevalence of the crime, to its dangerous consequences and effect on population; contrasting the small families of our native population with the larger ones of former times, and mentioning a district school, in the last generation, to which three families sent *thirty* children at one time, with a good reserve at home. He went on to consider the subject of *Insanity in Women*. This is commonly consequent on uterine derangement. For these cases proper treatment is not commonly afforded by our hospitals for the insane. Excellent as they are, they are a step short of the demand. The risks of conducting proper examination, from the perverted imagination of the patient, were alluded to; and the propriety of having a board of consulting examiners for each hospital, to be called in at the discretion of the superintendent, was suggested. He hoped the Society would take action leading to the formation of such a board for the Vermont State Asylum.

An interesting discussion followed, during which Dr. Warner, of New Haven, President of the Society, entered the Hall and took the chair. Dr. Hyde, of Hardwick, thought the portion of the address relating to abortion should be circulated throughout Vermont. There is great ignorance on the subject of the danger and wrong of the practice. Every physician has such applications to him, nine tenths of them from married women. The profession has a duty in building up a wholesome public sentiment on the subject.

Dr. Fassett, of St. Albans, thought a committee should be appointed to memorialize the Legislature on the subject, especially for preventing the circulation of the advertisements of abortionists and their medicines in the newspapers.

Dr. Stiles thought that if the profession was kept within bounds it would help much towards the object in view. The idea that the world would be peopled faster if the proper ends of marriage were more generally regarded, was a very good one; but on looking around him, he noticed as few children among the medical profession as out of it. He thought in this matter "Charity should begin at home."

Dr. Warner said his absence hitherto had been owing to attendance on a dangerous case resulting from the practice in question. He was glad to find the subject under discussion. No woman ever came to him but once to procure abortion. He always endeavored to show them the danger and wrong of such interference with nature, and in some cases had threatened exposure if he should discover that they had applied to other parties for the same end.

The discussion was further continued by Drs. Perkins, Keith and Harding, in the same general line of remark.

Dr. Keith, one of the delegates appointed to attend the examination of the graduating class in the Medical Department of the University of Vermont, made a verbal report, reserving a written report for the annual meeting in October. The number of students in attendance during the lecture term was 80; the graduating class, 24. The examination was rigid, critical, thorough, and highly satisfactory to the delegates, evincing close study and investigation on the part of the class, and a determination on the part of the faculty of the College to insist upon thorough attainments, and a high standard for graduation. The young men acquitted themselves nobly, nine of them taking the highest mark, and all passing a good examination.

Prof. Perkins presented a set of instruments for uterine dilatation, consisting of three dilatable rubber bags of graduated sizes, to which he had added a smaller size. He explained their use in the case of retained placenta, flowing, &c.

Mr. Tinkham, agent for Perkins, Stern & Co., had permission to present before the Society samples of California wines for their inspection, which he claimed were the pure juice of the grape, and valuable for medicinal purposes. The samples were highly appreciated.

SECOND DAY.

Upon the assembling of the Society the second day, the following resolution was offered by Dr. Goldsmith, and unanimously adopted:—

Resolved, That while the State Medical Society does not desire to regulate the prices of professional labor in the State, it is nevertheless fit and becoming in us to fix a scale of fees which in our judgment will afford a rate of compensation reasonable and just to practitioner and patient.

Dr. Goldsmith then moved that, in the judgment of this Society, the following sums are a reasonable compensation for the services mentioned, as follows: —

For each visit within one mile, $1 ; for each mile of travel, 50 cts. ; for first consultation (mileage extra), $5 ; for each subsequent consultation, $3 ; for midwifery, $10 ; for office consultation, $1 ; for written advice, $5 ; for examination of thorax, special, uterus or rectum, first time, $5 ; for each subsequent examination, $3 ; for vaccination, $2. The motion was agreed to.

Prof. J. Perkins read a paper presenting observations intended to be preliminary to a series of communications upon *Diseases of Females.*

Dr. L. C. Butler presented a paper on the *Decadence of the American Race as exhibited in the Registration Reports of Massachusetts and Vermont; Causes and Remedy.*

Dr. Butler's paper reviewed the discussion on criminal abortion, and subsequently the whole subject was referred to a committee, consisting of Drs. L. C. Butler, M. O. Porter, and H. D. Holton, who were instructed to memorialize the Legislature of the State in regard to further legislation upon the subject of criminal abortion, and also in regard to vicious publications in newspapers and pamphlets. The committee were also instructed to place before the public a proper expression of the sentiments of this Society upon the subject presented in the papers read by Drs. Holton and Butler.

Prof. Perkins was appointed a committee to present resolutions for the consideration of the Society, upon the same subject.

Dr. C. M. Rublee, of Montpelier, read a paper on *Cataract*, detailing the history of six cases in one family.

Dr. J. N. Stiles presented the following resolution, which was adopted:

Resolved, That the Society tender their thanks to Mr. O. M. Tinkham for the samples of California wines presented from Perkins, Stern & Co., and that the Society heartily commend them to the profession of the State as well worthy of their confidence and patronage.

The Board of Councillors recommended, as a subject for discussion at the annual meeting, "*The Medicinal Springs of Vermont,*" and appointed Dr. W. R. Hutchinson to read a paper on that subject. They also invited each member of the Society to present papers on any medical topic he may choose.

During the afternoon session Dr. F. W. Goodal, of Greensboro', presented specimens of mucous membranes which he regarded as coming from the bladder of a female patient under his care. Dr. Goodal gave a succinct history of the case.

Dr. Braley, of Chelsea, introduced the following resolution, which was adopted:

Resolved, That each member of the Board of Councillors be requested to furnish to the Secretary of this Society a complete census of the Physicians of his county.

Dr. Harding, of Grand Isle, read a paper on *the Topography and Diseases of Grand Isle County.*

[The closing proceedings of the second day's session will be given in our next issue.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 11, 1867.

MIND LIMITED BY MATTER.

The brain is the organ of the mind. It is the great water-wheel in virtue of which the thoughts revolve. It is easy to conceive that through the brain the mind may interfere with the ordinary functions of the body, and the body react upon the mind. But, the materialists go further, and declare that thought is solely a function of the cerebrum—that intellectual operations are not merely attended by, but consist in, a secretion of cells in the nerve tissue. This doctrine does not belong especially to the medical profession. Though now, as we have lately stated, popular in the Parisian Medical School, it is not an outgrowth of that body, but is impressed upon it from without, being at present fashionable in Parisian society, where, with other forms of infidelity, it antedates the revolution.

To assert materialism, and its handmaid fatalism, is, as Dr. Holmes says, a very different thing from the " attempt to show the *limitations* of the self-determining power as forced upon our observations as students of nature." In his remarks at the late festival of the Massachusetts Medical Society, Dr. Holmes in a few epigrammatic sentences strikes out generalizations which it would require volumes to illustrate. But we propose, in our small way and space, to speak of some of the limitations to which mind is subject in its union or marriage with the material world.

We need not look far for instances. To most of us, *practitioners of midwifery excepted*, an illustration comes every twenty-four hours. In the *sleep* of the body, shared by man with the brute creation, we see for a time abrogated—in abeyance—the will, the thoughts, and, happily for many, the sentiments. Pass to the waking state, and recollect the reactions of pregnancy on the female. In some the disposition seems, for the nonce, to be completely changed. She who was gentle, considerate, and patient with the faults of others, now becomes irritable, capricious, and needful of the utmost forbearance. Sometimes, ludicrously enough, the opposite change takes place, and she who was a shrew becomes a Sister of Charity. *Tartary* is replaced by Utopia. Again, the judgment is perverted. Despondency takes the place of hopefulness. Indeed, the *morale* is occasionally so far overturned that low propensities are developed. An irresistible inclination to theft breaks out in a person whose integrity, when she is in her normal condition, is above impeachment. And what is to the point, the subjects of these changes may be fully aware of them, lament them, and struggle powerless against them. In a word, the mind has been taken possession of by material influences—the *will* has been subjected to *matter*.

Perversion or impairment of the will is also very frequently witnessed in hysteria, a disease which is erroneously regarded by the uninformed as a pretence, or an affectation, when in fact the will is put forth only in that semi-mechanical way which we call emotional, as when the eyelid is closed upon the sudden approach of a solid body, or when screams are uttered at the bidding of pain. By applying a stronger emotion, as fear, we replace the hysterical convulsion or trance by more normal action; or, by acting upon the imagination, we may relieve the will from the pressure of the morbid emotion. Hysteria, as we know, most frequently occurs in females, and is often associated with uterine disorder; or else, the functions of the generative organs being normal, these would seem to be too much for a weak frame. In either case, the nervous system gets out of gear, and matter sways the mind.

We have instances of our leading fact, when the mind, through the brain and sympathetic system, feels the disorder of the stomach in dyspepsia, and the "disposition" becomes unamiable; when the mental vision is distorted in delirium; when insanity inflicts upon us its living bereavement of our friends. In many cases of insanity the scalpel shows structural lesion of the brain itself. The manifestations of the so-called "mind diseased" are awry, because the central organ by which it is brought into relation with the material world, has been deranged.

An incontrovertible instance of the action in question is afforded in the production of mental perversions by the introduction into the body of certain drugs, such as opium, haschisch, &c. Here, it would seem, there is no escape from the conclusion that the mind is *materially* affected.

"Everybody knows," says Dr. Holmes, "that there are families where the children are born straight-grained, and families where they are born cross-grained." If it be objected here that, for aught we know, these favorable or unfavorable characteristics may reside primarily in, and be transmitted from, the "subtle essence" itself, instead of in the "grosser part," the case is different when we ascend to the origin of differences of national character as embodied in races and transmitted through successive generations.

"It is easy to conceive," it is remarked by Dr. Foissac,* "how momentary and individual impressions may become constant and general. Suppose, what exists in fact, that there reigns in a given country *an atmospheric constitution capable of impressing upon the moral nature a certain tendency*, the inhabitants will be more or less affected by it; every habit of the moral nature, criminal or virtuous, fortifying itself by practice and example, will thenceforth take on an abnormal development. This disposition transmitted by heredity, and receiving, from the *constantly acting influence of the air*, continual nourishment, may become the moral type of a nation, and give a distinct physiognomy to the *national character*."

We see this exemplified in the short history of this country. The Northern and Southern States were peopled originally by the same race, though from different classes of society. The Puritans, a select band purified by persecution and self-sacrifice, though narrow in their ideas, transmitted indeed to their descendants in New England, and consecutively in the Western States, traditions, habits, manners and morals, different from those of the first settlers of the Southern States, whether we believe, with one party, that the latter were English cavaliers, or, with another party, that they were adventurers from a lower social stratum. But the essential point is that the American colonists—North and South—were of the same Anglo-Saxon stock. Apart, then, from the influence of differing institutions, traditionary or adopted, how distinct is the physiognomy of the two sections! The one cool, calculating, persistent even to obstinacy, slow to take up, equally slow to put down, and impressed with a restless energy that never allows inaction while there is anything that can be done; the other open, impassioned, impulsive, enthusiastic, yet averse to exertion, save when necessity compels it. Here we have the effect of opposite climates. The Northern is bracing and stimulating to a degree that is scarce wholesome, and which is at once manifest to new-comers. The Southern is enervating in the extreme, a few years' residence in it being sufficient to tone down the energy of the most active Northerner. In what particular way it is brought about that, like the inhabitants of other southern climes, its people are also passionate and impulsive, we will not stop to inquire, but will note here the general fact as bearing on the subject we are discussing.

The British Channel separates nations differing greatly in climate, and quite antagonistic in character. Yet the English people were, in times past, made up largely by migrations from Germany, subsequently intermingled with their conquerors from Normandy. And, to show how rapidly climatic transformations take place, the French etymology of their names is, so far as we are aware, the only mark by which the descendants of French refugees (Huguenots and others) can be distinguished, mentally or physically, from the veriest cockney.

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* "De l'Influence des Climats sur l'Homme et des Agents Physiques sur le Moral."

Now, from these and similar facts, some French materialists argue that since the mind is shown not to be completely independent of matter, therefore there is no such thing as "spirit" to be distinguished from material existence. This, as it seems to us, is entirely illogical. And, *per contra*, we hold that if independence of the *will*, even partial, can be shown, then materialism falls ignominiously to the ground. Thus, given an individual with low, materialistic propensities, implanted deeply in, and having strong hold of, his being, if, by his self-determining power, he overcome this lower nature, then in that case the independence of the will is fairly set up. It needs no extended knowledge of biography to produce such an instance. We are told of one who, though uncultured by Christian or even Jewish Revelation, had attained a purity, a gentleness, an integrity, a wisdom which would put to shame many a sincere Christian disciple. And yet, it is related, that "he was naturally of a licentious disposition, and a physiognomist observed, in looking in the face of the philosopher, that his heart was the most depraved, immodest and corrupted that ever was in the human breast." We have but to pronounce the name of Socrates, and materialism, by token of *self-mastery*, fades out of sight.

Take a different and more modern instance of one who, by sheer force of will, overcame the hindrances and trammels of a weak body, for purposes of merely political ambition. We cite the example of Cardinal Richelieu, who, as statesman, first moulding a weak king to his designs, reduced to subjection a powerful and factious nobility; while, on the other hand, he penetrated into the domestic affairs of a rival nation, and weakened its power by fomenting its intestine discords. He took advantage of circumstances, and bent them to his purpose of making his country powerful, and himself powerful with her. Such was Richelieu, not by reason of the *mens sana in corpore sano*, but through mastery (not the least of his victories) over a frail body, torn by pain and prostrated by disease, to the extent that he was carried on a litter to those august councils where he defied and triumphed over his enemies.

One more instance, nearer to us in time and space. Our admiring and grateful recollection brings to mind one who, with the hot blood of the South coursing in his veins, impulsive and impassioned, curbed his fiery temperament, till by a steady, persevering resistance, at which many of his Northern associates grew restive, he wore out the protracted efforts of a powerful empire to subdue a band of feeble colonies. At the same time, he resisted the pressure of public opinion among his countrymen, urging him to risk the fortunes of battle, and through much obloquy calmly held to that temporizing policy which won us ultimate victory and made us a nation. We look at the portrait of his later years and see *self-mastery* written out from within on every line of his countenance.

All history is filled with such illustrations of the triumph of the human will over animal propensities, physical weakness, and climatic temperament. Greatness in statesmanship and generalship, eminence in science or art, have, we take it, never been attained without similar victories—temporary or permanent—of the self-determining power over the lower or animal nature. Nay, ordinary success is obtained only in the same way. And, not to overstate the point, these phenomena are so contrasted with those of the ordinary functions of matter that we are forced to seek their origin in a different source from the "corporeal part."

Our position, however, has a still firmer foundation. We believe upon evidence; we are convinced by reasoning; but, we *know* only through *consciousness*. Now, we are conscious that, with certain limitations, we exert free will. And, it is too great a strain upon *common sense* to suppose that free will has anything in common with the properties or functions of matter.

We are well aware that we have but touched the threshold of this subject, but to go further would be to invade the province of the theologian.

Messrs. Editors,—I noticed in the last issue of the Journal a letter from Dr. Arnold, in relation to the resolutions adopted by Dr. H. R. Storer's class, claiming that his name was appended without his authority, which is calculated to convey a wrong impression. As chairman of the committee who drafted the resolutions, and ordered them printed, it becomes my duty to explain how the mistake occurred.

I wish it to be distinctly understood that the fault, so far as any exists, is wholly mine, and that Dr. Storer knew nothing whatever of the matter.

Dr. Arnold, in his letter, would give the impression that he could not endorse the sentiments expressed in the resolutions; and persons unacquainted with the peculiarities of the gentleman might even doubt his having attended the lectures.

In relation to these points, I can state that Dr. Arnold was a member of Dr. Storer's class, and was apparently as enthusiastic as any of us; and further, that he expressed sentiments to me during the last half of the course, which were substantially the same as those contained in the resolutions referred to. He acquiesced entirely in my expressed opinion, that, at the close of the course, we ought to present Dr. Storer with a set of resolutions expressing our high appreciation of his lectures. It was on the strength of this, added to the belief of the class that the Doctor would feel slighted, and justly so, at being the only one whose name did not appear in connection with the resolutions, that I, by the advice of the others, Dr. Arnold being the only member of the class not present, affixed his name to the copies intended for the press. It was understood that one of our number, who was going to remain in Boston, should obtain Dr. Arnold's signature to the original paper, which he was instructed to present to Dr. Storer immediately thereafter; and in case Dr. Arnold should object, for any reason, to signing the paper, he was requested to notify the press of the fact before its publication. This duty, through press of business, or from some other cause to me unknown, has evidently not been performed. I doubt not that the Doctor has some good reason for his procrastination.

In conclusion, I beg Dr. Arnold's pardon for being guilty of supposing that the sentiments which he expressed to me were genuine. For his peace of mind, I would assure him that his name does not appear on the original paper, and that he wll be saved the trouble of either placing it there, or refusing to do so; for, by virtue of the power given me by the class, I shall request the gentleman, to whose care the paper was entrusted, to present it to Dr. Storer as it at present exists, bearing the signatures of nine men who are not afraid to express their honest opinions publicly, even though they may be widely different from those of the profession at large. Respectfully, Chas. M. Carleton.

Norwich, July 1, 1867.

Death of M. Trousseau.—A heavy bereavement afflicts the medical brotherhood. Trousseau died Sunday, the 23d of June, after several months of cruel suffering.—*Union Médicale.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 6th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	28	36	64
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.6	34.6	70.2
Average corrected to increased population - - - - -	00	00	78.16
Deaths of persons above 90 - - - - - - - -	0	0	0

Deaths in Boston for the week ending Saturday noon, July 6th, 64. Males, 28—Females, 36. Accident, 1—apoplexy, 1—disease of the brain, 2—burns, 1—cancer, 1—cholera infantum, 3—cholera morbus, 1—consumption, 9—convulsions, 2—debility, 3—diarrhœa, 1—dropsy of the brain, 1—drowned, 1—exhaustion, 1—scarlet fever, 7—typhoid fever, 2—gastritis, 1—hæmorrhage, 1—disease of the heart, 2—homicide, 2—insanity, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 1—measles, 2—paralysis, 2—pericarditis, 1—premature birth, 1—puerperal disease, 1—purpura, 1—smallpox, 4—unknown, 3—whooping cough, 2.

Under 5 years of age, 28—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 46—Ireland, 15—other places, 3.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI. THURSDAY, JULY 18, 1867. NO. 24.

CASE OF CEREBRO-SPINAL MENINGITIS AT THE CITY HOSPITAL, BOSTON. SERVICE OF J. BAXTER UPHAM, M.D.

[Reported for the Boston Medical and Surgical Journal by CHARLES PARKE KEMP, House Physician.]

M. H., æt. 18, chambermaid at the Adams House, in this city, entered the Hospital Dec. 31st, 1866. Patient was born in Ireland, but had been in this country the past six years. Constitution strong and vigorous; body robust and well formed; general health excellent. The catamenia, however, had not been regular since their first appearance, three or four years previous; when present, usually painful and scanty. The hygienic conditions under which she had lived were unfavorable, her sleeping apartments being in the basement of the building; badly ventilated, cold and damp.

Early Christmas morning, six days before entrance, the patient left a hot and crowded ball-room, while in a heated condition, insufficiently clad, and in thin shoes, to walk to the Adams House, about a mile distant; the next day, she felt cold and chilly, and complained of a general feeling of *malaise*. On the 27th of December, she had a well-marked chill, followed by severe headache, pain in bones and back of neck, and attended by nausea and vomiting; soon after, general pyrexial symptoms set in, and on the 29th of December she first complained of stiffness of the posterior cervical muscles, with pain on moving or turning the head. Bowels meanwhile constipated.

The symptoms on admission were as follows:—decubitus, left side; face generally pale, but with marked flush on cheeks; expression anxious; eyes somewhat staring, but no strabismus present: pupils equal; mind clear, and able to answer questions intelligently; head thrown back, with stiffness and rigidity of posterior cervical muscles; no opisthotonos; skin hot and dry; temperature in axilla at 6, P.M., 100° Fahr.; pulse 128; respiration 36; anorexia complete; thirst urgent; tongue dry, covered with thick yellowish-white fur; bowels still constipated; urine passed freely and without difficulty; abdomen flat and soft, no tympanites, no pain on pressure; restless and uneasy at night from pain in head and neck.

On the morning of January 2d, 1867, the patient was first seen by Dr. Upham, who at once recognized the disease, and the following record was taken:—Patient lies helpless, with an appearance of great exhaustion; semi-conscious, but can be roused to answer questions; eyes clear; tongue brown, dry, protruded with difficulty, swollen; sordes on teeth; complains of severe headache and pain in legs; skin somewhat moist; temperature at 8, A.M., 101.5° Fahr.; Pulse 120, regular, soft, compressible; some tendency to throw head back, with tenderness on pressure over spinous processes of upper cervical vertebræ. An eruption of dark, livid spots, from one eighth to one fourth of an inch in diameter, found on arms, chest and abdomen, not disappearing on pressure. No dejection since entrance. ℞. Ol. ricini, ℥ iij.; ol. terebinth., ʒ ss. M. Cap. statim. ℞. Vini ergotæ, ♏ xx., 4 t. p. day. Continue Dover's powder, gr. x., at night. Temperature at 7, P.M., 100° Fahr.

Jan. 3d.—Complains of intense pain in top of head—head bent back; decubitus left side; sordes on teeth still; countenance flushed; tongue preternaturally red at edges and tip, moist, covered with a dirty-white, creamy coat; pulse regular, soft, compressible, feeble, 120; respiration 40; two dejections; some tympanites. Ice bags to be applied to top of head, and a turpentine stupe to abdomen. Omit Dover's powder, and substitute one eighth of a grain of sulphate of morphia at night. Temperature, mane, 101.5°; vespere, 102°.

4th.—All symptoms improved. Tongue heavily loaded and flaky; pain in head much diminished; tympanites nearly disappeared; spots fading; pulse 116; tenderness on pressure over cervical vertebræ much less; consciousness complete. Temperature, mane, 100; vespere, 103.

6th.—Patient improved. Expression good; intelligence complete; no pain in head; some pain on pressure over upper cervical vertebræ; spots have nearly disappeared. One dejection yesterday, one this morning. Some pain complained of in left knee-joint. Diminish vinum ergotæ to ♏ xx. ter die. Opiate-alkaline fomentation to be applied to knee. Temperature, mane, 99.8°; vespere, 100.6°.

7th.—Tongue as yesterday; no pain, except in joints of upper extremities. Sleep disturbed during night. Diminish vin. ergotæ to ♏ xx. bis die. One sixth of a grain of sulphate of morphia at night. Temperature, mane, 100.5°; vespere, 102°.

11th.—Some increase in pyrexial symptoms this morning. Complains of severe headache, with pain in neck and in spinal region; increased flush of face; intelligence good; redness of tongue increased, with dry, brown coat in centre; pulse soft, feeble, compressible, regular, 104. Slight diarrhœa for past two days. Increase vin. ergotæ to ♏ xx. 4 t. p. day. To have gr. x. pulv. Doveri at bed-time. Temperature, mane, 103.5°; vespere, 98.8°.

14th.—Tongue less flaky; complains of pain in back of neck and in ears; some tendency to cringe when back of neck is pressed;

lumbar vertebræ also tender on pressure; skin communicates a burning sensation to hand. Temperature at 8, A.M., 101°. Apply empl. belladonnæ two and a half by twenty inches to whole length of spinal column. Temperature, vespere, 100°.

Jan. 15th.—℞. Spr. vini Gallici, ℥ ij. in die. Beef essence.

19th.—Tenderness on pressure continues over upper cervical vertebræ, and especially over occiput, and patient shrinks on pressure being made over the latter part. Ringing of ears; some rigidity of neck; pulse irregular, 76.

22d.—Remove empl. belladonnæ. Apply empl. cantharidis two by four inches over upper cervical vertebræ.

24th.—Omit vinum ergotæ. Increase spr. vini Gall. to ℥ i. 4 t. p. day. Quinine gr. i. bis die.

26th.—Tongue still red and furred in patches; less sense of pain, but more of exhaustion. Some vomiting yesterday, controlled since last evening; pulse a trifle hard, 112; bowels constipated. Apply chloroform epithem to epigastrium if vomiting returns; also cracked ice to swallow. Resume vinum ergotæ, ♏xl. ter die. ℞. Ol. ricini, ℥ i.; ol. terebinth., ʒ ij.; spr. vini Gallici, ℥ i.; mucilag. acaciæ, ℥ i.; solutionis saponis et aquæ āā ℥ viij. M. Ft. enema.

27th.—Patient has this morning marked stiffness of posterior cervical muscles, amounting to partial opisthotonos. Able to turn from side to side, but with no relaxation of muscles; eyes have a wild, staring look; a little cloudiness of intellect, with inclination to stupor and indifference, but can be roused to understand questions; tongue protruded with difficulty; pulse full, strong, a little hard, 100. Urine passed freely, high colored. One full and free dejection from enema of yesterday. ℞. Ammon. muriatis, gr. xx.; aquæ, ℥ i. M. Apply as a lotion to neck.

28th.—Stiffness and opisthotonos increased. Omit brandy, and substitute sherry ℥ iv. in wine whey during the day.

29th.—Patient lies on left side, with head thrown back at an angle of 45°, perfectly rigid; semi-comatose; breathes quietly; can be roused to answer questions; unable to protrude tongue; slight sordes on teeth. No dejection for two days. Skin natural; no spots. Omit ergot. Hot water to be applied in rubber bags to spine. Hot flannels to feet. Repeat enema of 26th.

Feb. 1st.—Pulse 150; tongue more loaded than before, less patchy; eyes staring—pupil of left eye larger than right. Increase sherry to four ounces during the day.

6th.—Some pain in lumbar region; no headache nor pain in neck. Sense of fatigue, with some impatience manifested. To have spr. æth. comp. ʒ i. at bed time.

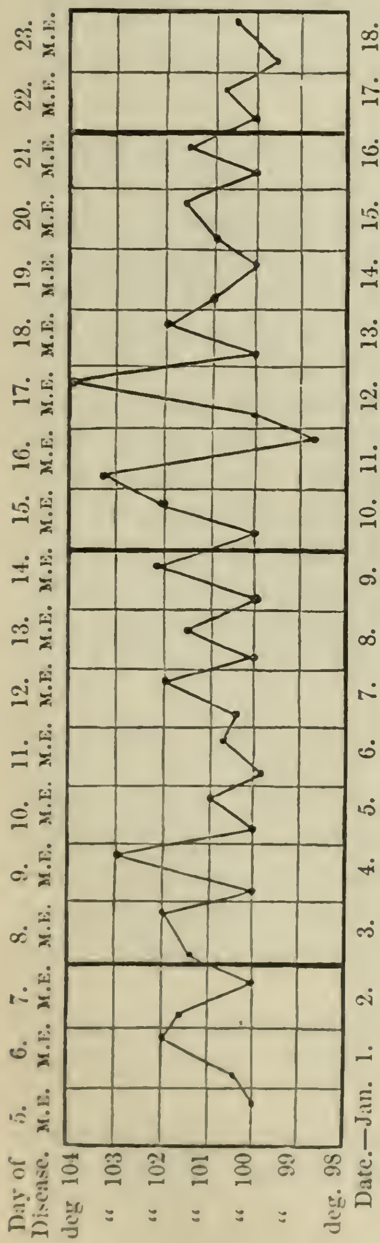
10th.—All symptoms improving.

16th.—Complains of pain in right knee and in back of neck. Resume ergot, ♏xl. ter die.

18th.—Pulse 96, soft, compressible; appetite good; no stiffness, and but very little pain in neck; some pain still in right knee, especially at night. No dejection for several days. Repeat stimulating enema of 26th ult. Omit ergot.

Feb. 20th.—Tongue clean; appetite good; some signs of synovitis at sternal end of left clavicle; some pain in left ear. Apply tincture of iodine to affected joint. Syringe ear with tepid milk and water.

Thermometric Record *of the above case during the more acute period of the disease.*



March 4th.—Pupil of right eye more dilated than left for past eight days. Complains of pain in neck and severe headache on moving; dimness of sight of right eye. Resume ergot ♏xx. bis die.

5th.—Increase ergot to ♏xx. 4 t. p. day.

6th.—Severe pain in head, confined mostly to right side; skin and pulse normal; tongue uniformly furred; some vomiting after taking food. Ice bags to be applied to head. Hot sinapized pediluvium. Chloroform to epigastric region if vomiting continues. Omit ergot and brandy. Milk and lime water.

8th.—Tendency to vomiting continues; pain very intense over back of head, causing patient to cry out; some mental disturbance. Ordered sinapism to back of head, and stimulating pediluvium. Enema of 26th of January to be repeated. Vin. ergotæ ♏xxx. 4 t. p. day.

10th.—Patient says she has passed no urine for two days. At 4, P.M., patient was catheterized, and twelve ounces of clear, but moderately dark urine drawn off.

11th.—Pain in occipital region continues; eyes a little wild, with oscillation of eyeballs; tongue preternaturally red at edges and tip, centre pasty and patchy.

17th.—Very much improved; no pain, except on moving head.

27th.—After a day of more than usual comfort, free from pain; appetite good; pulse normal. Patient walked around her bed two or three times, and in an hour afterwards had violent convulsions; unconscious; pupils dilated, eyes fixed and staring; slow, feeble, fluttering pulse; respiration spasmodic; face pale. Paroxysm returned at 10, P.M., at 3, A.M., and again at 7 this morning. Brandy and water administered. Heat to feet, cold applied to head, and a sinapism to epigastrium, followed by relief and return of consciousness soon after. Repeat stimulating enema. Potassii bromidi gr. xxx. horâ somni.

28th.—No recurrence of paroxysm since 7, A.M., yesterday. Some pain now in right temporal region; expression a little unnatural; left pupil more dilated than right; tongue moist, pasty; skin normal. Vomited since yesterday. Comfortable this morning.

31st.—Again seemingly convalescent. At this time the patient passed into the hands of Dr. Blake, Dr. Upham's successor in the hospital service. She has since continued gradually but steadily to improve, and, June 7th, was discharged, well.

From the history recorded above, the peculiar and marked symptoms of the disease have rendered the diagnosis of comparatively but little difficulty. The prognosis, however, has not been so easy; the manifest improvement at times, the disappearance of nearly all the symptoms, the sudden relapse and fitful exacerbations, made it hazardous to commit one's self on that point. The temperature, which was taken morning and evening during the early part of the disease, while showing the presence of an acute affection by the persistent elevation, offers no characteristic element to aid us in the diagnosis; it only indicates that *a* fever is present, differing widely in that respect from the indications given by the temperature in typhus and typhoid fevers. Of the remedies used, ergot seems to have had more influence than any other agent in controlling the special set of symptoms directly referred to the medulla oblongata and spinal cord.

SUDDEN DEATH, PROBABLY FROM INHALATION OF CHLOROFORM.

[From the Records of the Boston Society for Medical Improvement, May 18th, 1867.]

Reported by Benjamin E. Cotting, M.D., of Roxbury.

A married woman, aged 21 years, complained of headache, for which she made preparations, at her lodgings, to take a foot-bath, but did not take it. She locked herself in her room, and some hours after, when an attempt was made to communicate with her, made no answer; on the return of her husband from business, the room was entered and her dead body found. She was lying curled up on a short sofa, face to the back of it, with her head in the corner resting upon her hands, which retained a folded cloth and a sponge in contact with the nostrils and mouth. She had been dead some hours, and the rigor mortis was quite marked. The face was livid, and a little fluid was oozing from the nose and mouth. There was no odor in the sponge, nor any perceptible about her body save that of death. Evidently there had been no struggle—she died in the position first assumed. Her dress was off, but the corsets were still on. At this time, Dr. Cotting stated that he thought the cause of death was the inhalation of chloroform; and her friends admitted that she had frequently used it before.

She was conveyed to her father's house, at some distance, and when undressed a half-ounce vial, containing a small quantity of chloroform, was found in her bosom, part of the label still adhering to it, though efforts had been made to wash it off. This bottle was recognized by Dr. C. as having come from an apothecary who had sold one half an ounce of chloroform to a woman the day before, whose appearance corresponded to that of the deceased. Her family were very unwilling to allow that the death could have been caused by chloroform, and called in some other physicians, one of whom said the death might have been caused by heart disease, but on conversing with Dr. Cotting agreed with him; another physician said death could not have been caused by chloroform, as rigor mortis existed.

Dr. C. considered death to have taken place accidentally, and almost immediately from the first inhalation of chloroform, inhaled in this instance on account of pain, the woman being in the habit of frequently using this article and stimulants. This was the usual course in fatal cases by chloroform. He had never seen or known of a death from ether in this way. There was no odor of any kind perceptible in this case, and if chloroform had been used, the odor would have entirely disappeared in the hours that had elapsed before discovery, while that of ether would hang about for a longer time. If he was right, it afforded another instance of the dangerous nature of chloroform, which may prove almost instantly fatal, though the individual may have previously used it often without ill effects.

As to the rigor mortis, he did not recollect of ever seeing it reported upon. Mr. T. Holmes had not alluded to it in his collection of cases, but rather intimated that there were no decisive *post-mortem* appearances. In a medico-legal view, the point might be one of value, and he would like to hear the observations or opinions of others with regard to it.

Dr. C. D. Homans said that he had once seen an autopsy of a young woman who had undoubtedly died from the inhalation of chloroform, and that the rigor mortis was very strongly marked in that case.

Dr. Cheever said it was a very common practice for persons to inhale ether when entirely alone, and physicians generally consider it safe so to do, but it seemed to him that in the position of this person asphyxia might have taken place even with ether.

Dr. Cabot thought ether so volatile that it would evaporate before asphyxia was complete. He was in the habit of cautioning his patients to lie on the side of a bed or sofa, with the arm holding the the sponge outside; then as insensibility came on the arm would fall, and no harm could ensue, the sponge being tied to the hand.

Dr. White asked if any gentleman had ever known ill effects to result from the long-continued use of ether in large quantities. He had a case in his own practice in which a great amount had been used without bad effect.

Dr. Ware said he had a patient under his care with chronic lung trouble, who for years had been accustomed to inhale ether *pro re natâ* without the slightest inconvenience; sometimes for many days she would be more or less under the influence of ether the whole time.

A CASE OF ECZEMA.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Jonathan Ware, M.D., of Dorchester.

I am 70 years of age. In 1834, I suffered from the consequences of a dissection wound, recovering with a stiff finger. In 1842, I had pneumonia, hæmoptysis, and an abscess of right lung, recovering after a journey southward. In 1856, fractured neck of thigh bone, and recovered with slight lameness. For many years past have suffered more or less from asthma, and occasionally from pains of rheumatism. A tendency to diarrhœa has long existed. With these exceptions, I have enjoyed a fair degree of health until about one year ago.

During the winter and early spring of 1866, I suffered more than usual from rheumatic pains in the limbs. The first onset of acute skin disease occurred in April, beginning at the ankles and extending gradually in all directions, until, in three or four weeks, the legs, ankles and upper surface of the feet were completely covered with the eruption. A little later, it began near the elbows and extended symmetrically over the upper and forearms, wrists and backs of hands. The portion least invaded, both on arms and legs, was the inner aspect. Besides the principal seats of the disease, there were, when at the worst, a few scattered patches upon the thighs and body, and a general sense of prickly irritation over the whole surface. The disease probably reached its worst before June, and continued, with occasional slight remissions but without very decided abatement, until about the end of autumn, when it began gradually to decline; and while there have been, during the past winter, frequent exacerbations, more or less severe, yet, on the whole, the amendment has been measurably regular and constant until the present time.

When at it its height, the skin invaded by the disease was deep red—though at times approaching a livid purple—glistening and scattered with spots of angry scarlet, and was more or less covered with a serous exudation, which dried into crusts or glued the cloths, used in dressing, tight to the surface. The sensations of itching and burning were intense, and, at times, almost insupportable. The misery was aggravated by several very painful and indolent furunculous sores, which succeeded each other upon different parts of the body and arms.

Since the invasion of the disease, the former tendency to diarrhœa has given place to constipation, and the asthma and rheumatism have scarcely been present at all. In the latter part of May, several paroxysms of intense supra-orbital neuralgia occurred. Appetite was poor during the early acute stage, and the harassing irritation of the disease made a profound impression upon the strength and spirits. When the abatement of the eczema permitted a gradual return to former habits of exercise in the open air, strength steadily returned, and at the present time is nearly as great as before the invasion of the disease.

There now exists a slight thickening of the skin for a space of three or four inches, from the ankles upwards, the remains of a much greater infiltration; while occasional slight outbreaks, and frequent sensations of itchy uneasiness, indicate that the disease, while it has expended its violence for the present, still lurks in the system.

The *treatment* during the acute stage was chiefly local. Some constitutional remedies were tried without satisfactory result. The same remark may be made of most of the local applications, a variety of which were used and laid aside in turn. The greatest relief during the acute stage was derived from opiates, internally, and tepid water to the inflamed surface. During the declining stage, opiates having then been abandoned, cold water and glycerine gave most comfort. The neuralgia was instantaneously relieved by inhalation of chloroform.

OPERATION FOR DOUBLE HARE-LIP.

[Communicated for the Boston Medical and Surgical Journal.]

Miss A. C. C., aged 17 years, had a congenital double hare-lip. In her infancy, a time was appointed for an operation, but on account of sickness it was postponed. Subsequently, the parents took the responsibility of further postponing the operation until she should attain to years of discretion and might desire it. She grew up a healthy, active, intelligent girl, and at this age began to feel that her social position was seriously affected by the condition of the mouth and nose.

The case did not differ essentially from other cases of double hare-lip. It was simply one of the worst in deficiency of lip and deformity of nose, teeth and superior maxillary bone. There was, moreover, no portion of flap between the parts wanting which could be so utilized as to assist in the formation of the upper lip. The operation could only be performed, as one, by bringing the extreme lateral sides of the lip together, at the mesian line.

The fissure in the maxillary bone extended from the alveoli to the palate, dividing it into two parts, and was half an inch wide. On the right side, the fissure was perfect, extending into the nares, with the exception that the intermaxillary process of bone was attached by a slight peduncle about an inch and a quarter from the alveoli. A slight fleshy band, on the left side, passed from the free border of the lip to the septum nasi. The intermaxillary bone contained the two front incisors, projecting at its front extremity a half inch in front of the circle of the maxillary bone. It was continuous with the septum of the nose, and as it passed backward came nearer and nearer the fissure, till it arrived within it and became attached to the maxillary bone. The two teeth were small and irregular, and not far from the tip of the nose. Between these teeth and the tip of the nose a crescent-shaped flap, having the radius of a dime, and less than a quarter of an inch in thickness, projected at right angles with the natural septum of the nose.

At the wish of the patient a time was appointed to take into consideration the propriety of an operation. Drs. Sawyer and Evans were called in consultation, and, after careful examination, they were of opinion that such an operation might be performed with fair prospect of success, and they were willing to assist in its performance.

The patient was first etherized. The successive steps of the operation consisted: 1st, in extracting the two front teeth; 2d, in paring the borders of the maxillary fissure; 3d, in paring the sides of the intermaxillary covering of membrane; 4th, in separating, with bone forceps, the intermaxillary bone from the nasal septum, so as to depress it into and fill up the fissure; 5th, in paring off each side of the crescent-shaped flap and removing a small portion of bone behind it, so as to turn the remaining part downward to form an external septum to the nose, and join it, after paring its extremity, to the lip at the mesian line when drawn together; .6th, in paring the free borders of the lip (very little of which was free) from the lower angles into the nostrils; 7th, in dissecting up the lip, on each side, from the maxillary bone, so as to increase the free borders and enable them to be brought together; 8th, and lastly, two double ligatures were passed through the parts which were henceforth to form a solid upper lip, each of which were tied over two silver discs, after bringing the pared borders in contact with each other. Two small ligatures were then passed through the extremity of the crescent-shaped flap and the central and upper junction of the lip so as to compel it to adhere and form an external septum to the nose. Adhesive straps were then applied; and to assist in keeping the parts together and lessening the strain upon the ligatures, a steel spring in the shape of a horse-shoe, with a pad at each end, adapted to the surface of the cheek and lip, was so applied as constantly to press the tissues towards the mesian line. This completed the operation and dressing.

The operation occupied an hour and three quarters. The hæmorrhage was considerable, and much of the blood passed into the stomach, which caused repeated vomiting, interrupting the administration of ether and the performance of the operation.

On the eighth day, the ligatures were removed. The inflammation in the meantime had been moderate. The parts had all firmly united; and the intermaxillary bone firmly adhered to and filled the fissure in the front part of the roof of the mouth, forming a smooth connected surface. The outer fleshy septum of the nose was straight and perfect, and the nose was not only improved but looked very natural.

With one exception, this operation was analogous to all others of the same kind. The recommendation has usually been, to cut the intermaxillary fragment perpendicularly to the maxillary bone, near the junction of the external septum nasi with the future lip, and either remove it entirely or bend it backward from that point. Instead of doing thus, in this case, a nearly longitudinal cut, with the bone forceps, was made upward and backward, in the direction of the nose, so as to bend the intermaxillary fragment from a point near its attachment to the right side of the maxillary fissure.

Paris, Me., May, 1867. T. H. B.

P. S.—The patient herself writes:—"May 10th. My face is not much sore now. It looks a great deal better than I ever thought it would. I am perfectly satisfied about it, and all the rest are." The operation was performed April 23d.

PHARMACY OF THE CINCHONAS.

[Extract from a paper by EDWARD R. SQUIBB, M.D., of Brooklyn, N. Y.]

THERE are, perhaps, few articles of the materia medica of more importance than the cinchonas, even when considered apart from their relations to the sulphate of quinia as an antiperiodic. The proper and judicious use of tonics has of late years been practically recognized to be one of the prominent studies of the physician who is skilful in the practice of his art; and the best and most generally applicable of all tonics are the cinchonas.

That the artificially prepared salts of quinia are tonic there can be little doubt, though this has been questioned by good authorities, and yet this is not their original, nor their most appropriate use. They should be held and used only as antiperiodics, and as agents for the production of quinism. Many good authorities have taught that the alkaloids and acids of the cinchonas, in their natural condition and combinations, are best adapted to use as tonics, and the writer desires to add his testimony to that of such authorities, and to go still further, believing that these natural combinations *alone* are well adapted to use as tonics; and that sulphate of quinia is as inferior to them as tonics, as it is superior as an antiperiodic. The main advantage gained by the extraction of quinia and its recombination with other acids, is to facilitate its easy and definite administration in large doses without embarrassing the stomach with the greater volume of the bark or its preparations, and as these large and accurately adjusted doses are only required as antiperiodics—or at least only outside of and beyond the sphere of tonics proper—the ordinary salts of quinia should be reserved for such uses, and be replaced to a large extent by preparations of the bark. It is not uncommon to hear of eminent pathologists and eminent diagnosticians, but far less common to hear of eminent therapeutists, yet the latter class can alone be successful practitioners of medicine, whilst of these some of the most successful, both of the past and present, are found using their natural remedies in their simplest form, and reasonably, if not wisely doubting whether convenience of administration be not often attained at the cost of medicinal efficacy and certainty. Without being justly charged with going back in pharmacy—and even while urging its more rapid progress—it may be doubted whether any more effective or more certain preparations of the cinchonas than the simple infusions of the Pharmacopœia can ever be used, provided the quality of the bark can be assured. These are by no means inelegant preparations, may be easily aromatized at pleasure, and can only be discredited by a squeamishness on the part of patients which is too much encouraged by the money-making devices of the pharmacist.

There is another important reason why physicians are not justified in the use of quinia salts as ordinary tonics. It is well known that the cinchona forests which yield the best varieties are becoming rapidly exhausted through the large demands upon them, and the wasteful methods of collecting the barks, and year after year the richer and more valuable cinchonas are becoming dearer and more difficult to obtain. This has made it necessary for quinia manufacturers to give up the use, in a great measure, of these most valuable species, and substitute the cheaper kinds, which yield a smaller proportion of the alkaloid. Now, although quinia is the chief if not the only antiperiodic ingredient in the cinchonas, it has never been reasonably doubted that the other alkaloids, the acids, and the astringents of the barks are important and valuable tonics, if not equal to quinia in this respect. Then, as in the extraction of quinia all these other derivatives are in great measure sacrificed and wasted, it is not difficult to see that the use of artificially prepared quinia salts involves, beside the expense and profits of extraction, an absolute waste of the other useful constituents of the cinchonas at a time when the source of supply is becoming precarious and in danger of exhaustion. If physicians would limit the use of quinia to its legitimate sphere, and apply cinchonas to their much more extended legitimate sphere, there would be an important economy in results, in cost, and in the future prospects of this important drug. There are but two very good arguments against a very large reduction in the use of sulphate of quinia as a tonic. The most important of these is that cinchona barks of similar appearance are very variable in quality and often worthless, while the tests of value have not been considered of easy application. The other is the smallness of compass, and greater convenience of administration in the use of sulphate of quinia. To these, and to fashion, which is cultivated by chemists as well as by milliners, is the use of sulphate of quinia as a simple tonic mainly attributable. It may be easy to rail at fashions in medicine, but when based upon avarice and want of knowledge they are about as little likely to yield as fashions in dress which are based upon frivolity and ostentation.

In these days of medicine-made-easy it would be very difficult to convince many patients, or their pliant medical attendants either, that a bitter dose of any preparation of cinchona was better than a sugar-coated quinia pill, and therefore, except by setting acknowledged and established truths in front of bad practices, the writer does not propose to attack these evils here.

The first and most important argument against the use of cinchonas as tonics, namely, the variable quality of the barks as met with in the markets, is however entirely within the domain of practical pharmacy, and it is a prominent object of this paper to suggest a means by which the force of this argument may be diminished. * * * *

American Journal of Pharmacy.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.

BY WM. WARREN GREENE, M.D., SECRETARY.

Peri-cystic Accumulation of Fat, simulating a Distended Bladder.—Dr. Smith, of Pittsfield, reported the case.

The patient was a very corpulent gentleman, aged 82, who had always been remarkable for his vigor and freedom from disease, which had been absolute, with the exception of occasional attacks of retention of urine, to which he had been subject for a few years. These, however, were comparatively slight, and readily controlled by domestic remedies until the last attack. On this day he had taken a long walk upon a mountain, and after retiring at night was aroused by a desire to micturate, but found himself unable to do so. After many ineffectual attempts, and the unsuccessful trial of those remedies which had heretofore served him, a physician was called, who found a distinct hypogastric tumor, resembling precisely, in location, feel and outline, a distended bladder. A catheter was passed with ease, but only a very small quantity of urine, mixed with blood, was obtained. Dr. S. was called, and passed the catheter with the same results. It was found that although the instrument entered the organ readily, yet it could not be freely moved in the cavity, nor could the beak be carried to the fundus. Suspecting the presence of clots, injections were freely used, but with no effect except to cause extreme pain. After the first forty-eight hours the suffering abated, the intellect became dull, coma supervened, and he died, sixty hours from the attack.

At the autopsy, the tumor was distinctly to be felt through the extremely thick walls of the abdomen, upon opening which it was found to consist of an enormous accumulation of fat upon and around the bladder, by which that organ had been folded upon itself (the fundus retroflexed) so as practically to consist of two cavities, the upper being the largest and containing three gills of urine. The lower contained a few drops of urine mingled with blood, the latter from the mucous membrane. The kidneys and ureters appeared healthy to the naked eye, but were enclosed in immense masses of fat.

Sudden Death after Delivery.—Dr. Frothingham reported the case of a lady, 27 years old, who was delivered of her first child after a somewhat tedious, but not severe labor. She went on comfortably until the morning of the third day, when she was suddenly seized with severe epigastric pain, quick and deep respiration, and delirium, accompanied by contracted pupils and a rapid pulse. Cups and sinapisms were applied to the epigastrium, heat to the extremities, and fluid extract of belladonna administered. In about an hour and a half, she vomited a little bile. Warm water was given, and after the stomach was evacuated, the symptoms rapidly and completely passed away. In a few hours a diarrhœa occurred, which was controlled by an opiate enema. Everything now went well for three days, i. e., until the sixth day *post partum*, when she was attacked as before, except that there was no delirium or contraction of the pupils, and the rapidity of the pulse was much greater, being 160 per minute. A vaginal examination revealed nothing wrong about the uterus. In addition to the measures used on the former occasion, free stimulation was instituted, but in spite of all she died in a few hours. No autopsy was allowed. The friends stated that she had been subject to similar attacks from childhood, but during gestation had been entirely free from them.

Gangrene of the Scrotum and Penis.—Dr. Lawrence related the case of a man, 64 years old, who was suddenly seized with excruciating pain in the rectum and with strangury. An examination *per rectum* revealed nothing unnatural, and the catheter passed readily. In forty-eight hours, the entire penis and scrotum mortified, and he rapidly sank and died.

Phlebitis associated with Rheumatism.—Dr. Gill reported the case.

A medical man, aged 60, was attacked with acute articular rheumatism, for which he was very actively treated by alkalies and colchicum. In a few days (less than a week), the joints were all suddenly and perfectly relieved, and a condition of extreme collapse ensued. Under the use of the usual remedies, he gradually rallied. Sinapisms were freely used to the feet and legs to the extent of producing a severe inflammation of the veins, which were extensively varicosed, and which by this means had become completely obliterated.

Intermittent Fever.—Prof. A. B. Palmer reported a case of well-marked intermittent fever in a person who had never been out of the

County, and who had recently lived in Lee. It was promptly cured by quinine.

Fatty Degeneration of the Ossa Innominata and Femur, with spontaneous Fracture of the latter.—Dr. Greene reported the case.

A lady, unmarried, 34 at the time of her death, had been an invalid for sixteen years, gradually losing the use of the lower extremities, the muscles of which for the past two years of her life were the seat of such terrible tonic spasms as to cause her most excruciating suffering, and to require subcutaneous section of tendons for its relief. In this way nearly all the tendons had been divided, at different times, from the heel to the hip. She had suffered from chronic metritis and retroversion, and about two years before her death she had a pelvic abscess. One peculiarity of her case was frequent and profuse watery discharges from the vagina. A few months before her death, as the nurse was turning her in bed, the right femur fractured at its middle. With her complicated conditions, it was almost impossible to keep the fragments at rest. After the trial of many expedients, Daniels's fracture bed was found to make her most comfortable, and in twelve weeks the union seemed firm. During this time, however, she had gradually failed in strength and flesh, and her digestion was much deranged. Bed sores had formed, which were indolent. In a few weeks from the removal of the splints, the fracture recurred under the influence of the violent muscular spasms, and very little could be done to secure the fragments. Her strength failed, she emaciated rapidly, the bed sores deepened, the stomach became intolerant of food, and she died.

The autopsy, attended by a large number of physicians, revealed no disease of the spinal cord apparent to the unaided eye or under the microscope. The uterus was retroflected with a lateral deviation to the right iliac fossa, where it was adherent to the old cicatrix of the previously existing abscess. It was the seat of endo-metritis. The os innominatum of the right side was so much softened that a probe could be thrust into it at any point. The femur, which was equally softened, and whose cancelli were filled with fat, had again united, with much shortening and angular deformity, the overlapping fragments being ensheathed in a very large provisional callus, which was very soft and oily. An examination of the tendons subcutaneously divided showed them to be all thoroughly repaired by new fibrous tissue, perfected to an almost precise correspondence with the original tendon.

Compound Fracture.—Dr. Babbitt reported a case of compound fracture of the humerus in an Irish woman 98 years old, in which firm union occurred within the usual period.

Exsection of the Condyles of the Femur.—Dr. Leavitt reported a case of compound dislocation of the knee-joint in a boy 11 years old, in which the condyles of the femur were driven completely through the popliteal space. These were sawn off, the limb supported upon a lateral splint, and the wound rapidly closed. The boy walks very well and has very good motion of the joint.

Renal Calculus.—Dr. Smith, of Pittsfield, reported the case. The patient was a man 55 years old. The peculiarity of interest was that the intense pain was principally in the testicle. Large doses of morphia only partially controlled the pain, which, after several days, suddenly ceased. Two weeks afterward, he passed a calculus as large as an ordinary pea.

Intra-uterine Fibroid.—Dr. GREENE showed a specimen of nodulated, sub-mucous, fibrous tumor, which he removed, with the assistance of Drs. Smith, Brewster and Paddock, from the fundus uteri. Tumor as large as an orange. Patient made a good recovery.

Pneumonia.—Dr. HOLCOMBE reported two cases in sisters, previously of feeble health, living in the same house. One was seized with a severe and unusually prolonged chill, followed by an imperfect reaction, and immediately by tolerably abundant "prune-juice" expectoration. She lived five days. In just five days from her death, the other was taken in the same manner, the course of the disease being identical, and she died in precisely five days from the date of the chill. The treatment consisted of beef-tea, milk punch, quinine and stimulants. Dr. H. also related a case in which a lady passed through an attack of pneumonia, as evidenced by the chill and fever, pain in the side, with all the physical signs occurring in their proper order, without any cough or expectoration.

[To be continued.]

VERMONT MEDICAL SOCIETY—SEMI-ANNUAL SESSION. REPORTED BY L. C. BUTLER, M.D., SECRETARY.

[Concluded from page 480.]

Prof. J. Perkins presented the following resolutions, which were adopted:

Resolved, 1st, That it is an imperious duty resting upon us, as representatives of the medical profession of Vermont, to affirm our belief of the fact in the natural history of the reproduction of man, established by the concurrent testimony of physiologists of the highest repute, and which challenges contradiction, that the moment of coalescence of the correlative germs which result in fecundation and conception, is that moment in which the Creator endows the new being with a living organism and an imperishable soul.

Resolved, 2d, That all legislation in the criminal codes, which distinguishes the grade of criminality of destroying the vital organism according to the periods of intra-uterine life, is based upon an exploded and utterly baseless dogma, and contravenes justice to the unprotected being, to the criminal abortionist, and the more criminal parent, and the fiat of our Creator, and exposes the chief criminal to the fearful penalties of those who infract the laws of Nature and Nature's God.

During the session Prof. Ordronaux, of the Medical Department U. of Vt., addressed the Society upon the subject of laws relating to criminal abortion; and Dr. Goldsmith upon the medical and hygienic lessons of the war, referring especially to the subject of *Pyœmia.* Dr. G. related cases that occurred in the Army Hospitals under his own inspection, and showed how all former theories and speculations in reference to this disease were controverted by the facts that had come under his observation. He now believed it to be a local, and not a constitutional disease, and to be produced more by bad air and from want of proper cleanliness than any other cause. We were sorry to leave the poor fellows, he said, on the battle field, under the shade of trees; but they got well, while those who were taken to hospitals with bad air, died.

After a very interesting session, with a large attendance from all portions of the State, the Society adjourned *sine die.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 18, 1867.

DEATH OF TROUSSEAU.

By this melancholy event, which we briefly announced last week, France has lost the honored head of the medical profession in that country. His death will be mourned by many beyond the circle of the great capital which was the scene of his labors, and many in this country who have had occasion to seek his wise counsel will share in the general regret. As a teacher he has had few equals; and his voluntary withdrawal last year, while in the full possession of his faculties, from the position of Clinical Professor, which he had held for so many years with such honor to himself and such immense benefit to his pupils and patients, in order that he might escape the reproach of clinging to his office after he had ceased to adorn it, showed a self-respect which compelled the admiration of all at the same time that it was universally deplored.

Trousseau died on the 23d of June; and although we see it stated that the cause of his death was cancer of the stomach, our French files do not speak of it. The *Union Médicale* says that he died at seven in the morning of that day, "after many months of cruel suffering."

"While all about him was affliction, he alone calm, resigned, attentive, with a hopeless, clinical precision, watched the progress of his disease, and foresaw the fatal issue with a certainty which was not deceived either in the day or the hour.

"A great man has disappeared from the medical profession." "With Chomel and Rostan, who preceded him to the tomb; with Bouillaud, who still survives, Trousseau, by his incontestable originality, has raised clinical teaching, at the same time traditional and progressive, to a height where the friends of our Faculty desire it may remain."

"The service rendered by his teaching is shown by the numerous generations of physicians who crowded to his eloquent and sometimes dramatic lessons, in the grand amphitheatre of the Faculty or the amphitheatre of the Hotel Dieu. His classic works, of which the editions rapidly succeed each other, have been the favorite reading of an immense number of physicians of our day. Trousseau was never willing to allow himself to be entirely absorbed by the cares of an immense practice and a European consultation; on the contrary, he always wished to do a large part for science and teaching. To the last days of his life his failing voice still dictated to his devoted friends his last pages, which will be preciously preserved."

"Trousseau had the good fortune, from the beginning of his career, to meet with friends, protectors, masters, who, appreciating his eminent ability, powerfully aided him to overcome his first difficulties. All who have lived with him know with what reverent respect he guarded the memory of Brétonneau and Récamier. Thus did he always keep before him his first and most distinguished friends for examples and models. Master in his turn, Trousseau made it his happiness to aid, protect and encourage youth, industry and talent, and the number of those whom he has thus aided is not small; and he had the good fortune to see all those whom he honored by his patronage become masters in their turn, or in a position to become so beyond a question."

"Trousseau's goodness was so spontaneous, so natural, that he could not believe in bad actions. He was the victim of much wrong, he never was guilty of it towards another. Confiding to rashness, generous to a weakness, he had no other faults than these charming qualities, the faults of the character, the spirit and the heart of an artist; for Trousseau was above all, and he gloried in it, an eminent artist." Such is the tribute paid to him by his friend Amédée Latour, Editor of the *Union Médicale.*

"Trousseau was Honorary Professor of the Faculty of Medicine of Paris, Member of the Academy of Medicine, and Commander of the Legion of Honor."

The funeral took place in the Madelaine, which was crowded to excess, so that many of Trousseau's most intimate friends, Jules Janin among the rest, were unable to gain admittance.

"Almost all the professors of the Faculty, preceded by the Dean, the members of the Academy of Medicine in considerable number, with the President M. Tardieu and the Vice President M. Ricord at their head, the physicians and surgeons of the hospitals, almost without exception, an immense number of physicians, a numerous deputation of students and an enormous crowd of friends of all classes of society, conducted to their last abode the remains of their eminent colleague and devoted friend, whose eulogy was in every mouth and grief for whom saddened every heart."

In accordance with the express desire of M. Trousseau, the usual funeral oration was not pronounced over his remains. A heavy shower, at the conclusion of the ceremonies in the Church, prevented the large crowd in attendance from following him on foot to the grave, as had been proposed, and the funeral procession was consequently limited to those who could find a place in the carriages. At the meeting of the Academy of Medicine, on the 25th, the President read the following letter containing the request above referred to:—

PARIS, March 1st, 1867.

My dear President and excellent friend,—I desire most sincerely that no discourse may be pronounced at my funeral, and I hope that you will comply with my last wishes.

Thank my colleagues for the kind sympathy which they have shown me on those occasions when I have addressed them, and throughout the course of my last sickness. Believe in my entire devotion, A. TROUSSEAU.

The President closed a brief tribute to his memory in the following words:—

"Disciple of Brétonneau and Récamier, Trousseau was, like them, a great and true physician. He surpassed them both in the brilliancy of his teaching and the extent of his renown. Marvellously endowed, and at the height of a success without equal, he yet remained simple and essentially good."

It is good to contemplate the virtues of a true man; and doubly good is it for physicians to keep before them such a noble example as his, to whose memory, although a foreigner, we have given this week a leading place in our JOURNAL.

His reputation and teaching are widely known in this country; and their influence must give a new stimulus to all who desire to maintain the true nobleness of the profession which they represent.

Photographs of the Presidents of the American Medical Association.—We have received from Messrs. Jeffers & McDonnald, Photographers, No. 519 Broadway, Albany, N. Y., a set of photographs of the Presidents and Acting Presidents of the American Medical Association, twenty-one in number. Messrs. Jeffers & McDonnald are prepared to furnish similar sets to the medical profession at the moderate price of two dollars. The names of the subjects of the portraits are endorsed on the backs of the cards. Dr. Storer's, we see, reads Dr. D. H. Free, a name by which it would be hard to recognize the original. We hope the others are more accurately given.

Massachusetts Medical College.—The following gentlemen received the degree of Doctor of Medicine from Harvard University on the 17th inst.:—

NAME AND RESIDENCE.	THESIS.
Arnold, Oliver, A.B., Providence, R. I.,	*Variola.*
Bodge, James Henry, A.B., Boston,	*Pneumonia.*
Caldwell, Charles, A.B., Byfield,	*Rheumatism.*
Cogswell, Edward Russell, Cambridge,	*Hygiene of Children.*
Cruise, William, Richibucto, N. B.,	*Phthisis.*
Davis, Charles Henry, Sterling,	*Epilepsy.*
Derby, Richard Henry, Boston,	*Pyæmia.*
Dewolf, Albert, Wolfeville, N. S.,	*Typhoid Fever.*
Drury, Orsamus Monroe, Athol,	*Typhoid Fever.*
Dunham, Martin Van Buren, N. Bridgewater,	*Nutrition of Bones.*
Dwight, Thomas, Boston,	*Intracranial Circulation.*
Fisher, John Bryant, Hanson,	*Syphilis.*
Garvin, Frank Forbes, Halifax, N. S.,	*Asiatic Cholera.*
Hunt, David, Providence, R. I.,	*Nervous Asthma.*
Kennedy, George Golding, Dorchester,	*Mammitis.*
Kimball, James Henry, Boston,	*Transfusion of Blood.*
Kittredge, Charles Marsh, A.B., Hartford, Ct.,	*Mania.*
Knight, Edward Balch, Providence, R. I.,	*Death.*
Leaver, Thomas Charles, Halifax, N. S.,	*Diagnosis.*
Mann, Benjamin Houston, Roxbury,	*Influence of Mental Cultivation on Health.*
McMahon, John Joseph, Roxbury,	*Pneumonia.*
Maxfield, James Gardner, Lowell,	*Epilepsy.*
Norrie, William, Pictou, N. S.,	*Tuberculosis.*
Perkins, Charles Worthy, New Durham, N. H.,	*Valvular Disease of Heart.*
Provencher, Raphael, Nicolet, C. E.,	*Phthisis.*
Quincy, Henry Parker, Boston,	*Erysipelas.*
Richardson, William Lambert, Boston,	*Membranous Laryngitis.*
Scruton, Albert Field, Lawrence,	*Hydro-peritoneum.*
Sturgis, Frederick Russell, Boston,	*Syphilis.*
Tuck, Henry, Boston,	*Diphtheria.*
Tucker, James Ioannas, Boston,	*Cholera.*
Wilder, Rufus Lawrence, Boston,	*Vaccinia.*
Willis, Reuben, Milford,	*Aphonia.*

MESSRS. EDITORS,—I have just read the "remarkable case of Toxhæmia," communicated by Dr. Triplett, of Woodstock, Va., in your last number (23 of Vol. lxxvi.). I have seen several cases very similar to this, caused by over-exertion or over-exercise of the muscles of the legs by persons not used to such exercise. It is my opinion that, had the treatment at the commencement of the attack been strictly antiphlogistic, with external applications calculated to promote absorption of the effused fluids in the bodies of the muscles and near the periosteum of the bones of the legs, caused by the over-exertion of the muscles, and had this been persevered in and no tonics used, the case would have terminated favorably, and there would have been no suspicions of "glanders" or "blood-poisoning" in the case, even had suppuration taken place at the seat of the disease. As an old physician, I wish to protest most strenuously against the too prevalent and popular practice of ignoring the antiphlogistic treatment in inflammatory diseases, and in giving tonics, especially quinine, at the commencement of diseases where the system, laboring to throw off the cause of the disease, is almost always in an inflammatory condition.

288 *Spring St.*, *New York City*, *July* 16, 1867. A. J. CHADSEY, M.D.

What Female Medical Students are capable of.—We find the following remarkable statements in a communication to the Philadelphia *Medical and Surgical Reporter* from Dr. J. W. Sherry, of Brooklyn, N. Y., on "The Status of Women Physicians":—

> Some twenty young ladies presented themselves at a clinic and lecture in one of the New York hospitals. The surgeon announced that the subject would be *Hernia*; and, not wishing to shock the delicacy of the fair auditors, he suggested the propriety of their withdrawal. Several hundred young men were present, and he thought it unfitting that the young ladies should remain. *They did not retire*, but occupied the *nearest seat*, while eighteen *male* patients were exhibited, necessarily *in a state of* NUDITY!
>
> At another hospital, lithotomy was to be performed on a man. Eight members of "the little band of true-hearted women, just entering the medical profession," appeared to witness it. The surgeon, from motives of delicacy, asked them to retire. and he sat down to await the result. But they moved not. He thereupon announced that if they did not withdraw, the operation would be postponed, or done privately. *Then*, they left.

The writer remarks, in another part of his letter:—

> One would think that the *ordeal* through which a woman has to pass, who studies *all* the branches of medical science *along with men*, witnesses *all* operations in the presence of large numbers of *men*, studies her anatomy over the stinking, decaying, mutilated cadaver, in company with men, would be enough to make any right-minded woman recoil with a shudder at the mere mention of such a career for *her*. If the communities whose "moral sense" commends this "revolution," knew the details of this horrible curriculum *for a woman*, there is not a decent family in the land into which the admission of a woman who had passed through it, would not be, at least, *prejudiced*. Many would close their doors against her.

A new Method of Resuscitation from Hyperanæsthesia by Chloroform.—At a recent meeting of the New York Academy of Medicine, Dr. Worster read a case in which chloroform had been administered to a patient, by a party whom he regarded as competent, as a preparatory step to an operation, by himself, for the relief of hæmorrhoids. Suddenly the patient had stertorous breathing, became pulseless, and exhibited all the symptoms of a speedy dissolution; but by the simple expedient of reversing his position, and inclining his body to an angle of forty-five degrees, he was fully restored.—*New York Medical Record.*

Prognosis in Chronic Affections of the Heart.—At a meeting of the West Kent Medico-Chirurgical Society, on April 12th, a paper was read by Dr. Thorowgood on this subject. It showed that the mere presence of an audible cardiac murmur was not, of itself, a certain cause for alarm and gloomy foreboding. Cases there were of individuals who had, for years, been living comfortably and earning their bread while carrying about in their chests cardiac murmurs. The general opinion of the writer of the paper was that aortic disease was borne better and longer than mitral disease, though in some forms of aortic valve disease sudden death might occur. The great thing was to observe the effect of the valve lesion on the ventricle, and see if this was becoming elongated (as often happens where there is regurgitation through the aortic orifice) or dilated and thinned. Dr. Thorowgood drew attention to the observations of the late Dr. Kirkes and of Dr. Andrews at St. Bartholomew's Hospital, which showed that of systolic murmurs heard at the heart's apex, only 34 per cent. were due to regurgitation through the mitral orifice, the others being of intraventricular origin, and not so serious, prognostically, as the true regurgitant murmur.—*Lond. Med. Times & Gazette.*

Effect of Police Supervision in Checking the Spread of Venereal Disease.—Dr. Hewlett, the Health Officer of Bombay, in his Annual Report for 1866, as quoted in the *London Medical Times and Gazette*, says,—"The amount of venereal disease in Bombay is something appalling. I should not be discharging my duty, if I did not ask you to obtain a legislative enactment with a view to bringing all prostitutes in Bombay under strict medical and police supervision. I can speak from experience how successfully this plan works in Aden, where there is a Lock Hospital. All the prostitutes from the Mocha lines, the only quarter in which they are permitted to live, are brought to the Lock Hospital every Saturday morning, and are examined by the Civil Surgeon. Those that are found diseased are detained till cured, and those that are well are allowed to return to their houses. Venereal disease, when I was at Aden, was virtually extinct."

Leavenworth Medical Herald.—We have received the first two numbers of a monthly medical journal bearing this title, published in Leavenworth, Kansas, and edited by C. A. Logan, M.D., and T. Sinks, M.D. The *Herald* is well printed, and the specimens before us contain a number of good original articles, in addition to the usual miscellaneous matter which goes to make up a medical journal. It makes a very creditable appearance, and the Editors have our best wishes for its success.

The announcement of the death of the elder Jäger, the oculist, which we copied from the *Union Médicale*, in our issue of the 4th inst., was a mistake. The error is corrected by M. Sichel in the *Union* of the 29th ult.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 13th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	46	32	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.7	34.7	77.4
Average corrected to increased population	00	00	86.02
Deaths of persons above 90	0	0	0

Books and Pamphlets Received.—Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By John C. Peters, M.D., New York.—Preamble and Resolutions of the Philadelphia County Medical Society upon the Status of Women Physicians, with a Reply by a Woman.—Eighteenth Annual Announcement of the Woman's Medical College of Pennsylvania.—Menstruation, or the Menstrual Flow, an Epiphenomenon of Ovulation. By G. M. B. Maughs, M.D., St. Louis, Mo.—Reports of the Board of Visitors, Trustees, Treasurer and Superintendent, of the New Hampshire Asylum for the Insane.

Died,—At Framingham, Dr. W. Osgood, aged 49 years.

Deaths in Boston for the week ending Saturday noon, July 13th, 78. Males, 46—Females, 32. Abscess, 1—accident, 5—aneurism, 1—apoplexy, 2—inflammation of the brain, 1—cancer, 2—cholera infantum, 7—cholera morbus, 1—consumption, 7—debility, 1—diarrhœa, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 1—drowned, 1—dysentery, 3—erysipelas, 1—scarlet fever, 8—typhus fever, 3—gastritis, 1—hæmorrhage, 1—disease of the heart, 1—infantile disease, 3—intemperance, 1—inflammation of the lungs, 2—marasmus, 1—measles, 1—old age, 3—paralysis, 1—premature birth, 1—scrofula, 1—smallpox, 2—disease of the spine, 1—syphilis, 1—teething, 1—unknown, 7.

Under 5 years of age, 30—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 15—above 60 years, 15. Born in the United States, 61—Ireland, 11—other places, 6.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. Lxxvi. Thursday, July 25, 1867. No. 25.

MEDICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL.—NO. I. SERVICE OF DR. MINOT.

Reported by Mr. William L. Richardson.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—*Facial Neuralgia.*—F. W., sea-captain, aged 43, entered the hospital February 12, 1867. He had always enjoyed good health till four years ago, when he began to be troubled with sharp neuralgic pains running from the left corner of the mouth to a point half way between the left eye and the articulation of the jaw. The attacks occurred at intervals of a few days, lasting from a few moments to an hour. In June, 1863, the trouble left him, and he remained free from pain till June, 1864. Since then, he has had scarcely any interval of relief. Previously to entering the hospital, he tried tonics and various antispasmodics, but with no effect. The only relief he has been able to obtain has been from the inhalation of ether, which he has used in large quantities. His general appearance was good; pulse 100; appetite good, but he was able to eat only the simplest things, and those very slowly, as the slightest movement of his jaw, either in eating or speaking, brought on a severe paroxysm of pain. The pain seemed to be located at a point half way between the left ala of the nose and the malar protuberance. The paroxysms occurred about every five minutes, lasting from twenty seconds to a minute or two, and were very severe. A subcutaneous injection of half a grain of sulphate of morphia at the seat of pain, followed in twenty minutes by a full grain, did not give the slightest relief. Ether was administered twice during the night, after which he rested comparatively well.

Feb. 13th.—He was put upon a course of arsenic and iron, and subsequently upon quinine and morphia, in pill, but with no effect. The paroxysms continued as severe as at entrance, the patient requiring from ten to twenty-four ounces of ether in the course of the twenty-four hours. March 8th, he was ordered sulph. strychnia gr.

$\frac{1}{16}$, sulph. morph. gr. $\frac{1}{8}$, ext. belladon. gr. $\frac{1}{4}$, every four hours. Ether ℥ iij. at night, p. r. n. Diet, as good as he was able to take. On the 10th, he reported that he had had the best night since his entrance; but the pain was about the same in the morning. During the day it became less frequent, and the paroxysms lasted a much shorter time.

March 12th.—Severe pain came on in the afternoon, preventing sleep at night. ℞. Bromid. potass., gr. xx., ter die. He had a comfortable night, and on the 13th the attacks were shorter and the interval of relief longer. He continued to inhale ether at night. On the 15th, there was decided improvement, the attacks still diminishing in frequency, but on the 17th the pain rather increased, which the patient ascribed partly to the weather (severe snow storm). The next day was clear and cold, and the pain again diminished.

19th.—"Had the best night's rest since entrance. Eat his breakfast without bringing on any paroxysm of pain, a thing which he has not been able to do for a long time.

20th.—"Pain very much diminished, and occurs only when he speaks, eats, or is suddenly spoken to. Even then, the paroxysms are of slight severity and of short duration.

22d.—"Complains now of soreness, but no pain.

26th.—"Improving daily. Sleeps well. No pain. Omit ether.

30th.—"Feels well. Asks to be, and may be, discharged, well."

After the patient left the hospital he returned once or twice, and reported that he had had no recurrence of the pain. Several weeks afterwards he reappeared, to get the prescription of the pills which he took while in the hospital, stating that if he left off taking them for a few days a slight soreness would return in the seat of the original pain.

CASE II.—*Dropsy, without Albuminuria.*—Mrs. M. M., 40 years old, entered the hospital April 2d, 1867. For the previous three or four years she had suffered more or less from palpitation of the heart, but otherwise had enjoyed good health till two months ago, when she caught cold, and for about five weeks was troubled with pain in the left side (not materially affected by drawing a long breath), and with a frequent cough, accompanied by a copious white frothy expectoration. Three weeks ago, she noticed that her feet and hands were beginning to swell, the urine at the same time becoming scanty and high colored. The œdema was worse at night than in the morning. For the last two weeks she has noticed an increase in the size of the abdomen.

Patient in bed; pulse 84, irregular; tongue clean and moist; appetite good; bowels regular; catamenia ceased two and a half year ago; sleeps poorly, on account of dyspnœa when she lies down considerable œdema of both lower extremities, and well-marke ascites; crackling in the lower part of each lung; first sound o heart at apex prolonged into a moderate souffle. *Urine* scanty; s gr. 1024; alkaline, and strongly ammoniacal, thick, brownish deposit; no albumen, no casts.

For several days the patient was unable to lie down, on account of dyspnœa, and consequently slept very poorly. The pulse was so irregular and feeble that it could not be counted at the wrist, but by listening to the impulse of the heart it was found to be very rapid, the rate being 160 on the day after her entrance. On the 5th of April it was 144, and continued about the same till April 11th, when it was 112, more regular, and easily counted at the wrist. On the 13th it was at 80, and remained thereabouts during the rest of her stay in the hospital. The dropsy and the dyspnœa increased for several days after her entrance, when they gradually diminished, the improvement being preceded by an increase in the amount of urine, which was first noticed April 11th. On the 14th was noted, "œdema diminishing; urine much increased in quantity." After this, the œdema and ascites diminished rapidly. On the 27th was recorded, "œdema and ascites have entirely disappeared. Pulse normal, except a slight irregularity in the beat. Liver can be felt about two inches below the ribs, on deep pressure, apparently normal." The patient was discharged, well, the same day.

The treatment of this case consisted in the employment of diuretics and hydragogue cathartics, and of a small blister over the heart; with whiskey, of which the patient took one ounce, three times daily, for several days. In the beginning, a drachm each of bitartrate of potass. and molasses was ordered every two hours; this was continued throughout the case, and on April 19th the dose was doubled. A grain each of digitalis and squill, with half a grain of blue pill, was ordered April 8th, and continued three times daily. Under the operation of these diuretics the urine became very abundant. Fifteen grains each of jalap and bitartrate of potass. were also given every few days, which operated copiously on the bowels. All medicines were discontinued April 21st, six days before the patient was discharged.

The origin of the dropsy in this case is obscure. There was a slight cardiac murmur, but not enough to indicate serious valvular disease. The indications from the urine showed that the kidneys were sound, and they certainly did their work well under the stimulus of diuretics. The liver might be slightly enlarged, but there was no decided evidence of its being diseased. It may be remarked that the rate of the pulse recorded the first day (84), was possibly an error of observation, as it was 160 the following day, and continued very rapid for several days. On account of the difficulty of counting it at the wrist, such an error might easily have been made. The rapid recovery of the patient under the treatment is interesting, and as there was no sufficient organic disease to account for the symptoms, it is hoped the cure may be permanent.

Case III.—*Ulcer of the Stomach.*—L. D., seamstress, aged 24, unmarried, entered the hospital April 10th, 1867. States that her health has always been good till about three years ago, when she began to complain of soreness in epigastric region, accompanied by pain about two or three hours after eating, and swelling of the stomach, causing her to loosen her dress. Soon after the pain came on she would vomit, and then get entire relief from all the above-mentioned symptoms, except the tenderness in the epigastric region, which always remained. The matters vomited would consist either of the food she had just eaten, or, as she described it, of " sour water." Her bowels became constipated. The catamenia irregular, occurring sometimes every four weeks, and sometimes being absent for three months. During the last year and a half she had been obliged to lie on her left side. Eight months after the trouble first began, she had an attack of hæmatemesis, during which she raised, according to her own account, " two quarts of dark-red, clotted blood."

Symptoms on admission.—General emaciation. Weight, 85 pounds. Pulse 112. Tongue natural. Bowels costive. Catamenia irregular, not present for four months. Appetite poor. Pressure on almost every part of left hypochondrium causes pain. Well-marked tenderness immediately below xiphoid cartilage. Complains of pain in epigastric region after eating; this is relieved by vomiting, which usually occurs about two hours after taking food. On swallowing, she complains of a feeling of stoppage about the cardiac entrance of the stomach.

She was placed upon a carefully regulated diet, consisting chiefly of milk and gruel, with fresh meat to chew, but not to swallow. An ounce of sherry wine was allowed daily. Compound tincture of iodine was applied to the skin, over the epigastrium; and fifteen drops of the tincture of the muriate of iron were given three times daily. The bowels were regulated by laxative pills, an occasional dose of castor oil, and a daily enema. An attempt was made to bring on the catamenia by a current of electricity passed from the pubes to the sacrum, but without effect. Under this treatment the patient improved very much, though occasionally there was a partial relapse. The pain and vomiting diminished, and there was a decided gain in weight. On entrance, she weighed 85 pounds; April 17th (seven days afterwards), the weight was 87½ pounds; a week afterwards, it was 89 pounds. At the time of leaving the hospital, it was 95 lbs. April 14th, there was vomiting of an acid fluid, but not of food. The iron had been gradually increased to twenty-five drops three times daily, and as a disposition to vomit after taking it was noticed, it was omitted, May 1st, and the subnitrate of bismuth was substituted for it, in the dose of eight grains three times daily. In view of the great emaciation of the patient, an attempt was made to give her cod-liver oil, but the medicine caused much vomiting, and had to be given up. A grain of the iron by hydrogen, three times daily, was then tried, but as the vomiting still continued, this was exchanged for the bismuth again, with a quarter of a grain of opium night and morning. Afterwards, a few grains of the pulv. kino comp. were added to the bismuth. By the end of May the improvement was manifest, and the patient, who had previously been confined to her bed or arm-chair, was able to walk out. The complexion was healthier, the appetite improved, the nights were good, and the pain in the epigastrium ceased.

June 2d, the record says, "improving daily; no pain in epigastrium; took a long walk yesterday." June 3d, she was discharged, "much relieved."

This case was a typical one in all respects. The emaciation, the pain on pressure below the ensiform cartilage, extending to the dorsal region, the pain after taking food, relieved by vomiting—the vomiting of blood, the amenorrhœa and the constipation, form a group of symptoms which is perfectly characteristic. The emaciation of the patient was very great, as may be imagined from the fact that her weight, in health 125 pounds, was reduced to 85 pounds at her entrance, though she was but slightly under the medium height. She was, in fact, literally half starved. From the sensations which the patient experienced on swallowing, it was inferred that the ulcer (or one of them, supposing more than one to exist), was situated near the cardiac extremity of the stomach.

ON BRYONIA ALBA.

By John C. Peters, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

This remedy was well known to the ancients, and its use has been revived in modern practice. It was formerly much prescribed as a hydragogue cathartic, deobstruent and diuretic, especially in rheumatic, bilious, congestive and dropsical cases.

It is generally regarded as very similar to jalap in its effects, and Pearson thought it might be used as a cheap substitute for this medicine; but Wood and Bache say that it has been properly superseded by jalap, because the latter is not only more certain, but less acrid than fresh bryony, and not so liable to lose its strength by age. I am very confident that it more nearly resembles colchicum in its action than any other remedy, and possesses few or no powers which are not attributable to that well-known and much more useful medicine. Thus, Lindsay says bryonia is an acrid purgative, producing, in large doses, violent vomiting and purging, with more or less tormina, profuse watery evacuations, and fainting. It has also been used almost exclusively, and from time immemorial, in those diseases in which colchicum has been found most useful. Galen relied upon bryonia in gout. Alexander Trallian, in rheumatic pleurisy, stitches in the side, sciatica, and swellings of the joints. Louriger, in rheumatic bronchitis, asthenia and spitting of blood. Culpepper says it wonderfully helps many old and tedious coughs (which are generally rheumatic, catarrhal in their nature), and those who are troubled with rheumatic shortness of breath, and cleanses the chest of "rotten phlegm." In Frank's Magazine, three cases of inflammatory rheumatism are reported cured in a few days with from two to five or ten-drop doses of the tincture of bryonia.

As a simple or bilious purgative, it was used by Cælius Aurelianus in jaundice; by Dioscorides in vertigo, melancholy and epilepsy; by Sydenham in delirium and mania.

The action of colchicum in suppressing the secretion of milk is well known. The same power was attributed by some ancient authors to bryonia. In France it is in common use, in large and dangerous doses, for the purpose of stopping the secretion of milk in recently confined women. It is also given in inflammations of the breast. It has been supposed to rival aloes and black hellebore as an emmenagogue. Estmuller says it brings on the menses and sometimes causes abortion. Paulli says it has been used as a specific in diseases of the uterus of every kind, either to induce the menses, or expel a dead fœtus, or remove obstructions of the womb, and cure hysteria.

Stephenson and Churchill say that the dried root of the bryonia dioica, or red-berried bryony, is a remedy of no little value [like the apocynum cannabinum] in dropsical cases, as they can testify from pretty extensive experience. They infused half an ounce of the dried root in a pint of boiling water, added one ounce of spirits of juniper, and gave a wineglassful every four hours, till numerous watery evacuations and copious secretion of urine took place. But, like all irritating purgatives, it occasionally acted too powerfully, when opiates and cordials were required to counteract it. Arnaud also used it in passive dropsy, Trautman used the bryonia alba in arthritic hemicrania and in rheumatic deafness; Hartmann in rheumatism of the womb; Montgarni in [rheumatic] dysentery, diarrhœa and colic. According to Tyrrell, the black bryony is the best application in bruises, black eyes, and ecchymosis of the conjunctiva, and is much employed by professed pugilists. It should be deprived of its outer bark, then finely scraped and mixed with bread crumbs or flour and water into a proper consistence; the whole to be enclosed in a thin muslin bag and placed over the injured part. In most cases, the discoloration will disappear in forty-eight hours, or more quickly than when arnica is used; but a fresh application is required every six or eight hours. It is considered so efficacious in France, that it is vulgarly called the "herb for bruised men."

In all the above diseases and others, colchicum will generally be found more useful than bryonia. Rheumatic headaches may be cured and prevented by from five- to ten-drop doses of tinct. of colchicum, aided or not by an occasional pill composed of extract of colchicum, calomel and aloes, one grain each. Rheumatic ophthalmia, sclerotitis and iritis may be cured in the same way. Rheumatic sore throat, in which the muscles of the pharynx are more involved than the mucous membrane, is often thus relieved. Rheumatic bronchitis is almost as frequent as rheumatic pleurodynia, lumbago and sciatica; and many cough mixtures are rendered more efficacious by the addition of a small quantity of colchicum. The use of colchicum in rheumatic neuralgia is well known. Some diarrhœas and dysenteries arise from taking cold, and may be followed by acute inflammatory rheumatism. Inflammations of the mammæ and excessive secretion of milk are often controlled by colchicum. It also deserves attention in rheumatic dysmenorrhœa.

THE FEVER THERMOMETER.

To the Editors of the Boston Medical and Surgical Journal.

As facts gathered from the use of the so-called fever thermometer are engaging the attention of the profession at the present time, you will confer a favor by calling the attention of Dr. Paige to his report in the Journal a short time since of his case of the "young man 18 years of age," who came to him after "feeling badly ten days," with some diarrhœa, &c., and whose symptoms three days after indicated a case of typhoid fever of "*rather more than usual severity*," and in whose case, six days later, "there were perceptible signs of convalescence," after which "the case progressed (in convalescence) finely" for four more days. In the evening of the thirteenth day from the date of the patient's first call, his brows were corrugated, pupils contracted, disagreeable feeling in head, &c.; and in less than twenty-four hours "death ensued," confirming the Doctor's prognosis and the value of the thermometer in diagnosis!

This is really a striking case, and shows how one attracted by a novelty may lose the way to truth. Looking with confidence on his "fever thermometer," the Doctor saw signs of convalescence the *ninth day* of the fever.

Now may we not reasonably doubt his diagnosis in this case? We certainly need more light on several points. How long before the patient's first call had he "*some* diarrhœa"? Did it continue? What was the nature, &c. of the discharges? What was the condition of the brain and of Peyer's patches, &c. after death? Were there rose spots, &c. &c.? Did he have one reliable typhoid symptom?

Whether this case was one of typhoid fever, or one of those hidden, insidious instances of meningitis from the start, I fail to see any marked advantage gained by the use of the thermometer. In the first place, the general appearance of the patient and the fact that he had been ill ten days with diarrhœa, would be quite sufficient to excite suspicion that he was under some specific influence; and then again the excited condition of the patient, the contracted pupil, and the corrugated brows, with *hot* skin, were as significant as symptoms well could be. And while we see that the thermometer was useless at the beginning and end, we also feel that it was really injurious by declaring the fever at an end in the middle of the second week, although that fever was of "more than usual severity."

Lawrence, June 24, 1867. G. W. G.

CASE OF FACIAL NEURALGIA.

By Norton Folsom, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A., about 22 years old, one year ago, not as strong and rosy as usual at the time, was suddenly seized with intense pain in the right temple, which continued for three months, in spite of external and internal remedies; the pain and loss of sleep reducing her considerably. The pain was worse at night, but never ceased entirely. It disappeared suddenly, without known cause.

Six weeks ago, she wet her feet (it was *not* during menstruation), and the pain suddenly returned. A brisk cathartic, followed by quin. sulph. gr. i., tinct. ferri chlor. gtt. xv., three times daily, the use of a hop pillow, and friction with camphor, gave no relief. Tongue coated; pulse frequent; no appetite; very little sleep; confined to bed. One week from seizure, she was found weeping bitterly from pain. One fourth of a grain of sulphate of morphia, in solution, was injected subcutaneously at the most painful and tender spot, at the middle of the temple. Relief ensued in ninety seconds, and sleep in twenty minutes. No nausea or other unpleasant symptom. Some tenderness and slight aching the next day. None since.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A stated quarterly meeting of the Norfolk District Medical Society was held at the Phœnix House, Dedham, July 10th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The Records of the last meeting were read by the Secretary, Dr. Jarvis, and, after a few verbal corrections, approved.

Dr. C. E. Stedman, of Dorchester, read a case of prolapse of the funis treated by the method of Dr. T. Gaillard Thomas, by taxis and posture of the mother, on the elbows and knees; a method scarcely recognized by authors, or spoken of only with doubt. Churchill states that the greater number of children are lost in prolapse of the funis. Dr. Stedman's case was perfectly successful. His neighbor, Dr. Fifield, had a similar case, which was equally successful. (Paper on file for publication.)

Dr. Channing, of Dorchester, had been successful in passing the funis above the head, and retaining it until it became fixed by the descent of the head.

Dr. Stedman said that Dr. Thomas's method has the advantage of simplicity, and requires but little dexterity.

Dr. Allen, of Roxbury, asked how this method worked in case of footlings. He said that in such cases he believed the cord would have to be replaced and protected from pressure by the fingers, or in some other way, as formerly.

The Chair announced the subject for discussion—"The Treatment of Pneumonia."

Dr. Robinson, of Roxbury, first on the list, confined his remarks chiefly to the history of the treatment of pneumonia, but advocated rational and expectant practice. In Bennet's cases, 1700 and upwards, a very large percentage in favor of the supporting, tonic, or stimulant plan is shown. His own, Dr. Robinson's, treatment was sedative during the violence of the fever, soon giving way to stimulants and tonics.

Dr. Salisbury, of Brookline, next in order, stated that he should be obliged to draw upon authorities for what he had to say, inasmuch as he had been requested, to prevent repetition, to speak more particularly upon venesection, &c. in pneumonia. Theoretically, he thought the practice of bleeding in pneumonia could be defended, and it certainly has the authority of great names, like Andral, Laennec, &c. Louis, however, to the minds of many, had proved the fallacy of these views. For his own part, Dr. Salisbury said he believed it to be a practice still justifiable.

Dr. Seaverns, of Roxbury, said he used opiates, preferably Dover's powders, every few hours, believing that relief from discomfort, causing a tranquil state of the mind, greatly relieved the dyspnœa and rapidity of respiration ; locally, warm fomentations, &c. to the chest. Food, stimulants and tonics during resolution, with counter-irritation by iodine, or turpentine stupes, in convalescence, to dissipate the consolidation of the organ. Dr. Seaverns said that the mortality of Bennet's cases was greater than any that we know of here.

Dr. Spooner, of Dorchester, believed that pneumonia required different treatment in different patients, and under different circumstances and conditions. In young children it is rarely fatal. Dr. Spooner used tincture of aconite, one drop every few hours, and cold fomentations covered with dry cloths to chest, renewed frequently, until general moisture of skin ensues. Rarely the cases last more than two or three days ; sometimes there is irritating cough, requiring expectorants and opium. In the period of resolution, hot fomentations to the chest. With this treatment Dr. Spooner has never lost a case under ten years of age. In adults, he used mustard and flour to chest. In old age and feeble patients, aconite has no effect, and pneumonia is frequently fatal to such. He spoke highly of tincture of aconite in pneumonia, and placed aconite by the side of opium in its general value. He said cold water should not be applied to the chest after moisture of the skin appears ; but that it was very useful in subduing the inflammation of pneumonia.

Dr. Stedman, of Dorchester, said that he could scarcely conceive of a more embarrassing position than that of a young man, who went by the books, on being called to a case of pneumonia—so various and contradictory were authorities on the subject of its proper treatment. The fact is, that pneumonia is frequently fatal when double, but rarely so when single and uncomplicated. He had been in the habit of using antimony combined with laudanum in the treatment of pneumonia; also poultices to the chest, the administration of fluid food, and the prompt resort to stimulants.

Dr. Channing, twenty-one years in charge of a large hospital, his colleague being Dr. James Jackson, asked the latter once, why do you bleed in pneumonia? contrary to John Hunter's theory of inflammation. Dr. Jackson said, "I bleed to diminish agony," and that is the use of bleeding in pneumonia—it relieves pain. Being called once to a young man in pneumonia, many years ago, Dr. Channing gave him calomel in scruple doses, with antimony and opium, with almost instant relief, and without producing ptyalism or any bad symptom. Another case followed soon after, with similar treatment and a similar result.

Dr. Adams, of Roxbury, gave the opinion and treatment of Dr. G. Stevenson Smith, Resident Physician of the Royal Hospital for Children, of Edinburgh, in his book on "Pneumonia in Young Children." Like other acute diseases in children, pneumonia generally terminated favorably. Treatment varied according to the individual symptoms. Three principal indications were:—1st, degree of fever; 2d, strength of patient, judged by the pulse chiefly; 3d, extent of the disease. Occasionally, in extreme cases, gave wine; ipecac or antimony, liq. ammon. acetat. and spts. æth. nitros.; sometimes tinct. digitalis and nitric acid. In the great majority of cases, of all types, he has employed a stimulant treatment, wine in tablespoonful doses every three hours; spirit ammon. aromatic; spts. æth. nitros. Diet as full as possible, nourishing liquids. Warm fomentations to the chest, covered with Mackintosh to prevent evaporation. During resolution, stimulants, cod-liver oil, with iron, &c., and embrocations of iodine, croton oil, &c. In short, in all cases, a simple constitutional or symptomatic treatment, never specific nor directed to the disease; and in the great majority of cases, stimulants from the beginning.

Dr. Fifield, of Dorchester, said the question was most often one of diagnosis, and that many men flattered themselves that they had succeeded in pneumonia, when in fact it was something else. He said that when there was relief from the application of mustard, or some such slight thing, he doubted if we were not mistaken in supposing we were treating pneumonia. He said he believed pneumonia never ended in chronic hepatization. Such cases were probably cases of effusion into the pleura. The deposit of an adventitious plastic substance may be doubted by some, but he believed in it, although he could not explain that nor the so-called gray hepatization. Dr. Fifield believed that pneumonia, being a deposit of plastic material into the substance of the lung, was to be treated as the testicle or eye under similar circumstances; he therefore believed in mercurial treatment in such cases. This might be old-fashioned, but he proclaimed himself an advocate of bleeding, with calomel and opium, in strong men affected with pneumonia.

Dr. Greene asked about the difficulties of auscultation in infants.

Dr. Seaverns said that there was a stage of pneumonia in infants previous to crepitus, characterized by puerile respiration.

Dr. Fifield said that it seemed to him that in children pneumonia is early characterized rather by puerile respiration in parts not affected than by crepitus in those that were.

Dr. Spooner said that he never diagnosticated pneumonia in a child unless he heard crepitus. Thought this not difficult.

The President, in summing up the discussion, said that before answering the question "what shall he do with it," it may be well to consider what it is that the practitioner has to deal with.

Pneumonia is a disease produced by a peculiar cause, as real and as undiscoverable as that which produces any other disease. When uncomplicated, it is confined to the lung proper, though it is not ascertained with certainty in what portion of this it takes origin. According to modern investigations, the disease is characterized by the development of granular elements; and there is authority* for saying that the usually described stages have no foundation in science. The process is the same throughout its whole course. Congestion, as a stage of pneumonia, is a misnomer. The change of color in the diseased portions is attributable to accumulation of the cell-elements and the disappearance of blood.

Pneumonia has its limits in what is called hepatization, at which period the lung is useless for aërifying blood, and vesicular respiration ceases to be heard.

It is often rapid in its progress towards culmination; and hepatization, so far as physical signs show, may be resolved in twenty-four hours, or even less. Although a simple attack may not require a week from beginning to convalescence, it is occasionally of a progressive or wandering nature, sometimes attacking successive portions till it has completed the entire circuit of the lungs. In one case, reported by Dr. Ellis, it was twelve days in going from the base of one lung round through the other to the top of that in which it began. The case proved fatal, but the part of the lung first attacked was found nearly restored, while other extensive portions were hepatized.

It sometimes stops in hepatization and fails to resolve. In this case it becomes the so-called *chronic pneumonia*; and after weeks, or rather months, the substance of the lungs gives way; they become disorganized, filled with cavities, and take on all the characteristics of tubercular degeneration.

The disease is often complicated by involving (by continuity) the bronchial or pleuritic surfaces, and then becomes *broncho-* or *pleuro-pneumonia*.

If such is the pathology of pneumonia, what shall be done with an uncomplicated case, properly diagnosticated?

As there is no drug known that will prevent an attack, so experience, as well as present science, teaches that there is no procedure capable with any certainty of annihilating or arresting the disease in its progress.

As the development of the granular elements does not depend on increased flow of blood to the part, abstraction of blood, even if it could be from the very seat of the disease, seems uncalled for. Careful observations (such as Louis's and Jackson's) confirm in practice what science itself indicated.

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* Prof. C. Ellis, M.D. Records of the Boston Society for Medical Improvement, February 7, 1864. Vol. v. pp. 182–3.

In student days he had repeatedly performed venesection in the Hallian manner by direction of teachers. The patient was sometimes, not always, made easier for a short time—but it was the relief of exhaustion. The disease was not arrested, nor the patient's condition ultimately improved. Perceiving this result, his first patient with pneumonia, though a full-blooded man, he did not bleed. It required not a little courage at that time to abstain—for had the patient died, a young man's *neglect* would have been denounced by all the older members of the profession, and perhaps ruined him. Innovations are not so hazardous now-a-days.

Drugs causing violent commotion in the stomach and bowels, *emetics* and *cathartics*, strange as it may now seem, have been thought capable of arresting pneumonic disease—a peculiar process in different and distant organs. They have, in this neighborhood, for the most part passed out of fashion.

Nausea, in itself quite intolerable, was formerly often continually kept up by antimony, given to "tolerance." Happily, this too is now seldom resorted to in the expectation of jugulating the disease.

Veratrum viride, digitalis, and the like, have been tried, in the hope that by reducing the frequency of the pulsations the disease might be stayed. The plan has evidently little or no basis to rest upon, for the amount of blood to be aërated being nearly the same as before the attack, and the aërating organs being diminished by the disease, the heart, compelled to throw much less quantity at each beat, must move more rapidly, and the respirations must correspond in frequency, to accomplish the increased work required of the remaining healthy portion of the lung.

Blisters, sinapisms, &c. may be borne, possibly without increasing greatly the dangers of the disease; but he never saw benefit from their use, or philosophy in the theory of their application.

Expectorants, and all the farrago of "mixtures," if they accomplish anything, do this at the expense of disturbing the normal action of the stomach and digestive organs.

In all this, it must be borne in mind, he was speaking of "abortive treatment" only—or treatment to jugulate and cut short the disease.

Pneumonia, then, being a disease which cannot be shortened or removed by violence done to other organs, or the system generally, we must look, he said, in other directions for a *curative* plan of treatment. A general statement made in another place may be applied to pneumonia in particular. When the "disease 'has obtained foothold in the system,' we may remove as far as possible obstacles to the natural progress of its 'succession of processes,' and sustain the system as well as may be in its power of endurance, until these processes are duly and safely completed." In doing, or attempting to do this, there should be no prejudice against using for temporary purposes any of the appliances or drugs usually resorted to, but the individual case should be studied, and the person rather than the disease should be treated. While the action of one organ or set of organs is impeded, the others should be kept in as normal a condition as possible under the circumstances, and the general system supported under the extra strain put upon it. Pain should, as far as seemingly advisable, be subdued, but opiates are not necessary for the relief of discomfort merely, nor to be pushed in all cases. Food and drinks need not be feared, nor should they be crowded into the stomach—the same may be said of stimulants. The skin should be kept warm, especially over the chest, for which purpose cotton batting is a good material (Aretæus seventeen centuries ago said "wool"), but heavy clothing and disagreeable appliances should be avoided. Beware of the *nimia cura curandi.* Save the patient, no easy matter, from the officiousness of well-meaning but injudicious and unskilled friends. In a word, as Trousseau said of croup, "hinder from dying," if possible, while the the disease runs its allotted course.

Dr. Draper, of West Roxbury, gave an account of the stabbing of young Cleary. Most prominent was a wound five inches long obliquely across the upper part of the thigh, near Poupart's ligament, in the vicinity of the femoral artery. Only one external incision, but going in two directions, the knife having been partially withdrawn and then pushed in again. It cut across one small branch of the femoral artery, grazing and partly dividing the main vessel. Assisted by Dr. J. Stedman, of Jamaica Plain, gave him ether, but he died before ligation of the arteries was effected. He was also found to have a deep wound in the shoulder close to the bone. He died of exhaustion from hæmorrhage previous to reaching his home. There was little or no bleeding after that. He walked 132 paces after he was stabbed.

The Committee to whom was referred the selection of a subject for discussion at the next quarterly meeting, reported "Extraordinary and unsuccessful cases, elucidated by autopsies." Accepted.

After a remarkably full meeting, the Society adjourned at 3¼, P.M.

Bibliographical Notices.

Les Formes du Corps Humain corrigées, et, par suite, les Facultés Intellectuelles perfectionées par l'Hygiene. Par F. Dancel. Paris. 1865.

The *brochure* of 100 pages, with the above title, sufficiently attests the claim of Dr. Dancel to be styled a practical physiologist. His observations are ingenious and interesting, and would seem to be in some measure original.

Assuming that exercise and inaction modify the development and power of the organs in living bodies, and that different varieties of vegetables and species of animals are obtained by modifying the conditions under which they are placed, he urges that similar results are equally desirable in the human species, where no systematic effort to attain them has yet been made.

He asserts that there are not in man various temperaments, each with its peculiar advantages, but only two, the sanguine and the lymphatic, corresponding respectively to the strong and the weak constitution. The other so-called temperaments—the nervous and bilious—are but modifications of the lymphatic, and share its imperfections.

His propositions are, further, that in perfect health there is absence of peculiarity of temperament; on the one side of this standard is the sanguine temperament, deriving its defects from the power of the organism, and, on the other, the lymphatic, nervous, bilious, and their compounds, deriving their defects from the weakness of the organism. Therefore, a nervous-sanguine or a bilious-sanguine temperament is an absurdity.

The sanguine temperament takes its source in a blood rich in quality rather than in quantity. A woman may have much blood, and yet her temperament is lymphatic, for, in her sex, the blood always falls below the standard of the sanguine in the proportion of the blood-globules to the watery parts. Thus, in respect to temperament, what is bad in a man may be good in a woman.

The man of sanguine temperament has a broad chest, is of medium height, moderate plumpness, well defined muscles, face oftenest free from color without being pale, and never with that roseate whiteness peculiar to women and lymphatic men. Promptness and energy, combined with endurance, are the traits peculiar to this constitution.

It is in the prime of life that these characteristics are manifested, for children and old men have not blood of the needful degree of excellence.

Fouquier is wrong in contending that a feeble constitution has certain advantages, intellectual and physical, over a strong one; for while woman is perfect with the mental and bodily characteristics peculiar to the lymphatic temperament, a man, having the same temperament, can never act his part in life as well as the man of sanguine constitution. While many men of lymphatic temperament have won a name in history, it is generally when devoted to some one pursuit, while the men of commanding genius, like those of herculean strength, have been of medium size and sanguine temperament-

Following these preliminary reflections, detailed advice is given how best to diminish obesity, to check emaciation, to favor the development of the body in height, and to hinder its too great growth in that direction.

The means of diminishing excessive corpulence have been published chiefly by Englishmen, and the case of Mr. Banting has become historic; but Dr. Dancel claims that the substance of all that has been written on the subject is derived from his *Préceptes pour diminuer l'Embonpoint*, first published in 1851.

He likewise asserts that treatment for the relief of obesity has been carried on sufficiently long under his direction to enable him to state confidently that the lymphatic temperament, which obese persons always possess, can be effectually converted into the sanguine, so that the happy individual can thenceforth indulge in the pleasures of the table without fear of a relapse into unwieldiness.

For the rest, suffice it to say, that many valuable suggestions of a practical character are to be found in Dr. Dancel's pamphlet, which will repay its perusal; while portions of it, as, for instance, his counsel to young ladies who are insufficiently adorned with adipose tissue, are rather French, and may excite a smile in the reader.

J. S. G.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 25, 1867.

THERAPEUTIC REVIEW.

We translate from the *Union Médicale* the following extracts from a "Therapeutic Review." One or two of the inferences, would, it seems to us, bear qualification.

"Experiments made in the hospitals of Paris appear to have solved the question of the value of hypodermic injections with acetic acid into cancerous tumors. Employed by M. Tillaux, in the case of an old man at Bicètre whose face was half destroyed by a cancer, they only temporarily arrested the progress of the evil, and the ulceration soon recommenced its invading march. The disease was not checked at all in the case of a woman placed under the care of M. Maisonneuve at Hòtel Dieu, the nose and cheek of the subject having been eaten into by an ulceration of bad aspect. The most favorable case is a patient of Prof. Laugier affected with cancroid of the under lip. A considerable diminution of the tumor was manifest after the simultaneous employment of injections and external applications. But the amelioration ceased at the end of a few weeks, when recourse was had to the knife. (*Gaz. des Hop.)*

"This is the upshot of the benefit derived from this alleged specific, which, for a short time, made as much noise in the medical world as its predecessors, and yet is already no longer one of the questions of the day, even at London, its place of origin. Better than *a priori* condemnations these clinical experiments show its anti-cancerous inefficacy. As a residuum of these experiments, however, we may retain as incontestable the restricted action of this acid in suspending or arresting the progress of certain epithelial or cancroid tumors of the face, which M. Guéniot was the first to perceive and explicitly point out. The greater part of the cases in which it has been employed testify to this palliative action. Cure even has been the result in some cases ; but that does not by any means imply an anti-cancerous power, since from all time divers agents, like the chlorate of potash among the latest, have produced the same effect. The practical conclusion on this subject is to revert to and insist upon the employment of this acid in *noli me tangere,* varying its pharmacologic form, and using it either as a paste, as does M. Guéniot, or in solution, by way of lotion or injection.

"As to injections, in view of the atrocious pains they produce and which are prolonged six or eight hours, M. Fleming having associated with the solutions used from one to two centigrammes of acetate of morphine, in a case of scirrhus of the breast, met with a most happy result. The patient went to sleep almost immediately, and awoke four hours after, free from suffering. The effect was confirmed by a repetition of the experiment.—(*Lancet*, February.) The obstacle to their use is thus surmounted, and they can henceforth be employed with facility.

"The hydrochlorate of ammonia, as a sedative to the pains of senile gangrene is a veritable novelty which comes to us from the provinces. The fact is unique, it is true, but is its own confirmation, and thus deserves to be reported. A lady of 83 years suddenly experienced intolerable pains in the right foot, not yielding to opiate cataplasms. No trace of inflammation was found. The next day, M. Ch. Gru noticed a general blue black tint extending to the tibio-tarsal articulation, where a narrow border of rose color gave a distinct indication of the line of demarcation between the healthy and the diseased parts. The pains were more acute in the second and third toes, with no exterior manifestation of the cause of this difference. Foot entirely cold, though it felt to the patient as if devoured by fire.

"In spite of the injection of one gramme of the gummy extract of opium, and of 5 grammes of laudanum, without counting the quantity employed in quite as large doses exteriorly, the pains persisted with increased violence. They wrung cries from the patient, whose altered features and livid face proclaimed death imminent.

"At this juncture M. Gru thought of the hydrochlorate of ammonia with which he had succeeded in certain inflammatory engorgements, and he entertained a hope that he could (gangrene being admitted by coagulation of the blood in the capillaries) liquify the coagulum and re-establish circulation. The diseased foot was then plunged into a pediluvium containing 250 grammes of the above-mentioned salt, and after two hours of immersion a notable alleviation took place. Fomentations with the same solution followed without intermission; for the pain reappeared as soon as the compress was removed. The patient had a good night, the normal heat and color returning by insensible degrees under the action of this topical application.

"An incontestable proof of the accuracy of the diagnosis set up, is the subsequent dropping off of the second toe, leaving a wound resembling a black cherry with the skin taken off, Under cinchona dressings it healed. But a year after, the same precursory signs of gangrene re-appeared at the same place, and were followed by a blackish phlyctæna midway of the external border of the foot. Underneath this phlyctæna was a spot of gangrene occupying the superficial layers of the skin. Now, the hydrochlorate of ammonia employed at once internally and externally triumphed immediately over these symptoms. Its sedative action upon the pains of senile gangrene is therefore indubitable. *(Bull. Med. de l'Aisne, No. 3.)*

"To theorize upon the modus operandi of the ammonia in such a case would be useless. We must rest upon the fact itself without seeking to interpret it. But the case is different as to its employment in large doses in tetanus, which Dr. MacAuliff has brought into repute by four successful cases, since which another has just been reported by Dr. Bertheau. A contingent of five successful results in this so formidable neurosis, they being brought about by the same remedy, is itself worthy of notice. But the sweating which constantly followed the use of the latter is still more remarkable. Upon the ground that tetanic symptoms terminate (*se jugent*) by an abundant spontaneous diaphoresis—as it were an effort of nature to throw off disease—the English physician wishing to imitate that effort, prescribes, as a diaphoretic, every two hours, until the cessation of the symptoms, a tablespoonful of the following solution, viz.: water, 600 grammes; liquor ammoniæ, 15 grammes; sugar, 5 grammes. M.

"In the case of idiopathic tetanus of M. Bertheau, it is in the dose of 8 grammes per day, in 400 grammes of the vehicle, that the ammonia has been administered; and that, during five successive days; then 5 grammes during eight days more—making 80 grammes in thirteen days—an enormous quantity most assuredly. Now, it is remarkable that from the day when the ammonia was administered—leeches, blisters and antispasmodics having been previously used without effect—copious sweats set in, and the tetanic state, stationary for four days, progressively diminished till it ceased. *(Gaz. des Hop., No.* 140; 1866.) Induction here permits the inference of a manifest diaphoretic action, without regard to what may be said by the *néo-vitalistes* as to its being a physical effect of rigidity, of muscular contraction and of oppression. It seems to us to act in the same manner as opium and morphine in large doses, the use of which is doubly rational here as calming spasm, and favoring diaphoresis.

"Confirmation of the efficacy of sudorifics is found in a case of tetanus supervening the twenty-fifth day of a typhoid fever, in a child of ten years, when he was apparently beginning to convalesce. He was cured by "moist heat." Doctor Brissy, called in consultation, proposed to try the moist heat employed with success by a naval surgeon who placed his patients in the hold of his ship. A fire was at once kindled in the huge Dutch oven which served the purpose of a stove in the chamber, and an enormous caldron with several other vessels filled with water were placed upon it and heated to the boiling point. The chamber being kept closed, it became filled with a thick vapor, and after five or six hours of confinement in this uncomfortable medium, all the tetanic symptoms, except a little pain and lassitude in the limbs, were dissipated as by enchantment. *(Presse Med. Belge, No.* 51.*)*

"Although the above experiment relates to a rare and singular complication of typhoid fever, it seems to us worth while to call attention to this remedy as one of the most rational. If this derivative method of treatment is the best, the most sure that can be employed, it only remains to perfect the means of obtaining a prompt and complete effect, as for example, by using the vapor bath, or a *vaporarium* such as has been established at Reims, in pursuance of the experiments made at Hôtel Dieu by Prof. Trousseau." * * *

"In a case of ascites, or rather of anasarca symptomatic of Bright's disease, Doctor Alvarenga obtained remarkable success by the aid of electricity, after purgatives, diuretics, tannin in large doses, tonics, and alteratives had been used without effect. There were renal pains, with urine scanty, amber-colored, of a specific gravity of 1,021, and containing a great deal of albumen, in flakes or clots. Having entered the hospital of Desterro, the 25th of April, 1866, the patient was treated solely by applications of Clark's Electro-magnetic battery on the 16th of September. One of the poles, fitted with a sponge, was carried over the lumbar region, while the other was made to traverse different points of the abdomen.

"From the 23d of September, the patient was comforted by the absorption of the infiltration. Urine lemon-colored, limpid, less dense, less albuminous, and more copious every day. Thus, from 60 ounces the 23d, it rose to 85 the 24th, and to 120 the 26th. But, the application of the electricity being suspended the next day, the quantity of urine fell from 100 ounces to 80 on the 29th, to 68 the 30th, and to 58 the 1st of October, becoming at the same time more and more dense, vermilion-colored, alkaline, and giving a whitish alkaline deposit containing a good deal of albumen.

"The electricity applied anew brought back the diuresis, and the previous amelioration to the extent that the heart, which, at the outset, was displaced transversely (*trochocardia* of the author) had resumed its normal position. The abdomen was flat, flaccid, and free from contained fluid. The liver and spleen were bulky. Thus three times, the aggravation and amelioration respectively coincided with the suspension and renewal of the use of electricity—a peremptory proof of its therapeutic and particularly of its diuretic action. This is also shown by the daily quantitative tables of urine voided. *(Gaz. Med. de Lisboa.)*

"That there was actual Bright's disease here, the author himself, as an exact and strict clinical observer, hesitates to maintain. But, the case is none the less one of fine success in the use of electricity, which should hereafter be employed empirically, like tannin in large doses, in analogous instances, where it is very difficult to pronounce upon the cause of the infiltration, and still more difficult to make that infiltration disappear." * * *

"In preference to injections containing sub-nitrate of bismuth lauded by Dr. Cossy, a few years since, M. Luc, *Médecin-Major*, proposes starchy injections. These are made with the impalpable powder of starch reduced to a pap sufficiently clear to be injected with water warmed to about 20° [Centigrade]. Used upon the cuirassiers at the infirmary, for recent and old inflammations of the urethra, they were so successful that the Doctor employs them to the exclusion of other injections. The same remedy in the venereal wards also of Prof. Michel of Strasburg, has given the best results. It is used four times a day during the decline of the disease, and after the local irritation has been calmed; in indolent urethritis at the outset. It has the advantage of being economical, of being easily employed under all circumstances without danger from poisonous elements, which is not the case always with bismuth, and of being entirely inoffensive; merits which are not to be despised." *(Mém. de Méd. et Chir. Militaires.)*

"Dr. Nunn, an English writer on venereal diseases, relates wonders of the benefit derived from the alternate application of heat and cold in epididymitis. Placed in a hot bath the patient, about every ten minutes, and for one or two minutes only, directs a stream of cold water upon the testicle by means of an India-rubber tube provided with a faucet. Repeated three or four times alternatively, this proceeding gives at once a sensation of relief. *(Lancet.)* It remains to decide whether this effect comes from the bath or from the heat and cold. Accordingly, the same result, adds M. Diday, may be obtained in a more simple way, by directing "mediately" and alternatively hot and cold water upon the testicle from the faucets which furnish them. He has also employed the alternation of heat and cold, after the acute stage, by means of hot fomentations, followed by compresses soaked with 'vegeto-mineral' water every two hours. *(Gaz. Méd. de Lyon.)* For this remedy to be operative and efficacious a 'mediate' action of it is presupposed."

The *Union Medicale* hits the nail on the head in a notice of Dr. BIGELOW's operation for ununited fracture. It says, "far from lauding one process to the exclusion of others, as is too often done, Prof. BIGELOW resorts to a mixed or rather composite method. Combining resection with periosteal autoplasty, and suture of the fragments, he has succeeded ten times in eleven operations. * * * This fact is sufficiently remarkable to be worthy of mention."

The *Cincinnati Commercial* of July 2d, says: Chicagoans are seriously troubled about the drainage of the city. The ground Chicago stands upon is so flat and so nearly upon a level with the lake, that it is difficult to establish a system of drainage. The Chicago River being merely an arm of the lake, has hardly a perceptible current, and the filth of the city flowing into it makes it as offensive as the Thames in London. Recently the Chicago papers have been largely occupied with the question of disposing of the sewerage. The latest thing done has been to pump the water from the Chicago River into the Bridgeport Canal, and it has been demonstrated that the pump can throw more water than the canal can carry off, and that the banks of the canal have overflowed. The Chicago Journal said a few days since: . . . . The deep-cut proposition is one to cut through the crust of Illinois, so that the water of the Lake Michigan will flow into the Mississippi, and carry with it the washings of Chicago, manifestly an extravagant, if not chimerical project. But the experiment of pumping the Chicago River water into the Canal suggests a possible solution of the difficulty of Chicago under consideration. It is that the city might be sewered so as to carry the refuse matter into a basin, from which it could be pumped and carried off by a canal, and used to *enrich the prairies.** No agriculturist or chemist need be told of the immense value of the sewerage of Chicago if carried into the State by a canal, and made useful as a fertilizer through a system of irrigation.

Baron von Liebig read a note "*On an Alimentary Preparation for Replacing Human Milk for Children.*" Human milk of a person in good health contains, per cent., caseine, 3.1; sugar of milk, 4.3; butter, 3.1. Baron von Liebig concluded therefrom that woman's milk contains:—Blood-forming principles, 1 part; heat-producing principles, 3.8 parts. By mixing flour and milk in certain proportions, it is easy to compose a food in which the two nutritive principles are in the same proportion as in human milk—viz., 1 to 3.8. Cow's milk contains, on an average, 4 per cent. of caseine, 4.5 of lactose, 2.5 of butter. If we take, then, 10 parts of milk, 1 part of wheat flour, and 1 part of ground malt, we have a mixture satisfying all the necessary conditions. For preparing this the author recommends the following method:—A mixture is made of 15 grammes of wheaten flour, 15 grammes of ground malt, and 6 grammes of bicarbonate of potash; 30 grammes of water and 150 grammes of milk are then added. The whole is then heated and continually stirred until the mixture begins to thicken. It is then taken off the fire and stirred all the while. After five minutes it is boiled, and then strained through a wire or hair sieve. The ground malt necessary for this preparation is easily furnished by barley malt, obtained at any brewery. It can be ground in a common coffee-grinder, and then passed through a sieve. If this preparation is well made, it is as sweet as the natural milk; it is fluid enough, and keeps for twenty-four hours. In Germany the use of this food is very extensive, and its nutritive qualities are found to be excellent. It has a slight taste of flour or malt, to which children get accustomed—in fact, they soon prefer it to any other food.—*Trans. Acad. Sciences—Paris,* May 20, from *Chemical News, &c.*

The Art of Prescribing.—The London *Lancet* for June, 1867, says:—"It is to be doubted whether the improvement in the art of prescribing has kept pace with that of our knowledge of drugs and chemical combinations. Be that as it may, in some of the prescriptions that are handed to the pharmaceutist to dispense, the most incongruous intermixture of remedies, most dissimilar and contradictory in action, is ordered; whilst chemical considerations are set at defiance, and no regard is paid to the often complex changes that must take place upon the admixture of several different preparations, whose original properties are often completely altered. The real intentions of the prescriber are thus defeated, and the cure indirectly delayed.

"Mr. Daniel Hanbury recently discussed this subject at a meeting of the Pharmaceutical Society. He referred first of all to *unchemical formulæ*, giving as illustrations the combination of chloride of barium, sulphate of iron, and extract of gentian; the chloride being thus rendered inert: and, secondly, a prescription containing iodide of potassium, bicarbonate of potash, citrate of iron and quinine, ammoniated tincture of valerian, and water, the result being the production of a frothy white precipitate of quina, forming a mass suitable for pills. And this exemplifies a point not sufficiently well known—that quina does not combine with ammonia or an alkaline carbonate. *Unexpected combinations* sometimes result, of which the following is an example:—A prescription was written for a mixture, of which the more essential ingredients were Rochelle salts and calcined magnesia; this was taken without particular remark until a dose was swallowed from a bottle of the medicine which had been prepared some weeks. The effect was so disagreeable, and the taste so caustic, that the patient believed some error had been committed, and special inquiries resulted in the explanation that the calcined magnesia, by prolonged contact with alkaline tartrates, had gradually abstracted their tartaric acid, leaving the alkalies in a free and caustic condition.

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* The Italics are ours.—Ed.

Dr. GEORGE DERBY has been elected one of the Visiting Surgeons of the Boston City Hospital, *vice* Dr. C. E. Buckingham resigned.

THE chair of Materia Medica and Therapeutics, in the University Medical College of New York, vacated by the resignation of the venerable Prof. Martyn Paine, has been filled by the appointment of Dr. William H. Thomson.—Prof. Thomas M. Markoe takes the place of Dr. William H. Church, deceased, as one of the Surgeons in the Bellevue Hospital, New York.—Prof. Willard Parker having resigned his position as Surgeon in the City Hospital, New York, Dr. Ernst Krackowizer has been elected in his place.—Dr. William H. Van Buren has been elected one of the Consulting Surgeons to the New York Hospital.—In the Albany Medical College, the following appointments have been made: S. Oakley Vanderpoel, General Pathology and Clinical Medicine; James E. Pomfret, Physiology; John V. Lansing, Materia Medica.

THERE were 60 deaths in Providence, R. I., during the month of June, or 3 less than in the preceding month; 8 less than in June, 1866, and 8 less than the average for June during the last twelve years, though the population has increased more than twenty per cent. during the time. The same monthly number of deaths during the year, would give an annual mortality of only one in 75.8; or only 13.2 in each 1000 of the population by the census of 1865. There was not a single death, during the month of June, from any one of the summer complaints; and only 10 deaths of children under five years of age, which was only 16.6 per cent. of all the deaths. The average annual mortality of children under five years, is about 40 per cent. of all.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 20th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	41	45	86
Ave. mortality of corresponding weeks for ten years, 1856—1866	44.8	41.9	86.7
Average corrected to increased population - - - -	00	00	96.3
Deaths of persons above 90 - - - - - - - -	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, July 20th, 86. Males, 41—Females, 45. Accident, 1—anæmia, 1—apoplexy, 2—disease of the blood, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—cancer, 4—cholera infantum, 11—cholera morbus, 1—consumption, 10—convulsions, 2—croup, 2—debility, 1—diarrhœa, 1—dropsy, 1—dropsy of the brain, 5—drowned, 1—epilepsy, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 2—infantile disease, 2—insanity, 1—congestion of the lungs, 1—inflammation of the lungs, 5—marasmus, 4—measles, 2—necrosis, 1—old age, 2—pleurisy, 1—premature birth, 1—puerperal disease, 1—scrofula, 1—smallpox, 2—suicide, 1—unknown, 5—whooping cough. 1.

Under 5 years of age, 37—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 57—Ireland, 21—other places, 8.

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PROLAPSE OF THE FUNIS.

[Read before the Norfolk (Mass.) District Medical Society, July 10th, 1867, by Charles E. Stedman, M D. of Dorchester.]

At half past twelve in morning of June 19th, I was called to Mrs. C. D., a thick set little woman, 22 years old, in labor for twelve hours with her first child. On examination, the forefinger just reached the head which was high up, and something presented within the unbroken membranes. The os being well dilated, the waters were evacuated, and the bunch in advance of the head proved to be, as conjectured, the entire cord, pulsating and rolled up into a tight ball of the size of the fist; the head was in the first position. The patient was requested to take her position on the elbows and knees, which she readily did when the necessity for the posture was explained. After carrying the right hand into the vagina, I succeeded, by a little manipulation, in returning the whole cord behind the ear of the fœtus. The hand was kept on the aperture where the cord had disappeared till two slight pains had occurred, and after twenty minutes the woman was released from the constrained posture, and allowed to come over on her left side. There being no further appearance of the cord, and the pains being feeble and slow, she was allowed to leave the bed and walk about the room. In two or three hours the contractions of the womb grew vigorous, and after a very hard labor she was delivered at one o'clock of a large, live boy.

It may be unnecessary to state that this treatment of prolapse of the funis is the "postural treatment" of Dr. T. Gaillard Thomas, and has already given a large proportion of successful cases: if there have been any failures, I have not seen them reported, though several favorable results have been detailed in the journals.

Dr. Churchill says that more than one half the children are lost in cases of prolapse of the cord. If the accident is so fatal, the profession owes much to Dr. Thomas for pointing out so simple a remedy as the taxis combined with such a posture of the patient as will allow the weight and slippery nature of the funis to rectify the presentation. Version, unless performed immediately after the rupture of the membranes, is generally fatal to the child and is not always safe for the mother, while the operator's trouble is thrown away if the child is not born rapidly. Late writers mention Dr. Thomas's practice, but do not give him all the credit he seems to deserve Dr. Bedford says in a foot-note that he "should not omit to mention an ingenious plan suggested by Dr. T. Gaillard Thomas for the reposition of the cord." Dr. Hodge says, "it may be well to follow the suggestion of Dr. Thomas . . . . this probably is an effectual method . . . . should it fail, some of the numerous expedients which have been proposed may be adopted."

Dr. Bedford further:—"I have very little confidence in any of these contrivances. They may sometimes succeed in dexterous hands, but very frequently they fail. . . . It is amusing to hear the facility with which the reposition of the funis can be effected. But, gentlemen, it is one thing to talk and quite another to act."

My friend, Dr. W. C. B. Fifield, tells me that in two cases of prolapsed funis, after unsuccessful attempts to replace it, he had performed version and delivered dead children. Not long ago he was called to a case where a midwife was in charge: he found a soft and dilated os, through which the cord depended, pulsating. Placing the patient on her elbows and knees he carried the cord above the presenting head by his hand introduced into the vagina, administered ergot, and kept the funis back with his hand till the head plugged the brim of the pelvis. The child, though born with little pulsation, responded to treatment in a half an hour, rewarding the Doctor's exertions by a gasp, and is now living.

It is to be borne in mind that a position on the *hands* and knees does not give slant enough to the plane, which must be inclined as much as possible by the patient's resting on her elbows or even shoulders, while if needful a pillow may be placed under her knees, to elevate the hips: and I have heard of a woman's shoulders reposing on a chair while her knees remained on the bed.

If this method requires little dexterity in its execution, and is successful in cases where the doctor is called before the head is jammed into the lower strait, it is no small gain on the old practice of fishing for the cord, and trying to poke it back with whalebones, and tapes, and bags, and wreathing it in graceful festoons about the limbs of the fœtus. If all gentlemen would report their cases of prolapsed cord, treated by this method, whether successful or not, we should soon be in a position to compare the old ways with the new, and find perhaps that the postural treatment is an aid in other presentations. Indeed, I see by the Philadelphia Reporter of the 22d June, that Dr. E. R. Maxson, of New York State, gives cases, in the first of which he replaced a prolapsed cord, and converted an abdominal presentation into a cephalic by the aid of this posture.

Being called afterwards to a case of shoulder presentation, he states that he found little difficulty, after placing the woman on her shoulders and knees, in pushing the child's shoulder away from the brim and bringing the head down, keeping it there till it engaged.

If these somewhat crude observations should induce some of the numerous readers of the Journal to favor us with their experience in this matter, the purpose of their publication will be fulfilled.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 456.]

IMPETIGO.

This eruption consists of small pustules; whereas ecthyma and rupia give rise to much larger ones. In both of the last named affections the pustules are at length covered with more or less conical incrustations or scabs. Those of rupia resemble the limpet shell: while those of ecthyma are less regular in their formation, and are without the concentric markings of rupia.

Impetigo, like eczema, is very frequently developed in early life. Indeed it is met with in infants and young children oftener than in persons who have reached a mature age. Like eczema, also, its characteristic features in the young differ from those which it exhibits in the adult. But unlike eczema it is usually quite amenable to a judicious course of treatment. It seems fit that our study of the affection should commence with it as seen in that class of subjects which are first and most frequently attacked. The inflammatory action which gives rise to a particle of yellow pus upon the surface of the derma arises from a deeper portion of its structure than the inflammation which produces the transparent vesicle of eczema. This globule of pus elevates the epiderma very slightly, and thus a flattened pustule is formed. The fluid is pus from the beginning. The pustules of impetigo are minute, distinct or formed into clusters, which burst in three or four days from their development and pour out their contents upon the surface, and become covered with thick, laminated or prominent incrustations.

The disease may appear on any part of the body, but its favorite and most frequent localities are the scalp and the face. This is the case particularly as regards young children. At the commencement of the disease the first abnormal condition consists of unusual redness, tension and thickening and pruritus of the skin where the pustules are about to be developed. These are acuminated, of a light yellowish color, hard, with scarcely any inflammatory areola at the base; they are usually formed into clusters or groups, at other times are sparsely disseminated, being at a distance of half an inch or an inch apart (impetigo sparsa of authors). These pustules were denominated psydracious by Willan; and nearly all dermatologists since his day have adopted this name. When the scalp is the seat of the eruption, the occipital and vertical portions are usually the only parts invaded, while the forehead and face remain intact. When the pustules are ruptured and their contents exude, incrustations or scabs are immediately formed of irregular outlines, of a light brown color, with frequently a tint of green. They often break very readily into granular masses of unequal size, and are compared by Alibert to the seeds of certain plants, to broken mortar, or to plaster detached from a wall which has become dirty by moisture and dust. The purulent matter in the process of desiccation seems to pass into a state approaching crystallization, and sometimes the crusts assume an appearance like gypsum; hence Alibert styled them lapidescent. The exudation is exceedingly unpleasant so long as it continues in a fluid state, but the peculiar odor passes off as the secretion dries. In some instances the scabs become the hiding place of numerous animal parasites, which with their constantly increasing progeny prove a source of no slight torment to the child; and the utmost care and cleanliness are required to maintain a decent and bearable condition of the little sufferer. The hair is matted together unless it is properly attended to, and in some cases there is partial alopecia, which, however, is but a mere temporary baldness, and very different from that which takes place in favus and ringworm. The matrices of the hair are not destroyed. They are merely inflamed, and a new crop of hair springs up in a few months, the same as if the parts were never affected. In some instances, the subcutaneous cellular tisue becomes inflamed, and small abscesses form which require to be opened. The foregoing remarks apply more particularly to that variety of impetigo termed by dermatologists, *Impetigo figurata,* and which is more frequently met with on the scalps of young children than the other variety, denominated *Impetigo sparsa,* which will be noticed presently.

The disease has sometimes been mistaken for favus; but the cup-shaped appearance of the crusts in the latter disease is always wanting in impetigo capitis. Hardy classes impetigo with eczema as a sub-division; but we choose to consider it as a distinct affection, although we are free to admit that it is often a result of eczema and has many features in common with it.

If the discharge continues for a long time unchecked and the affection becomes chronic, the incrustations undergo considerable change; and instead of being thin, soft, and yellow, they become thick, hard, dry and brownish and are tinged with particles of blood, are very adherent, and can only be removed by the application of emollient poultices, fomentations or strong alkaline solutions; and when they are detached the secretion, from which they are formed, is found to proceed from numerous points on the surface of the inflamed and denuded corium. The parts in the immediate neighborhood of the crusts continue red, inflamed, shining and tender, and bear traces of the morbid action for several weeks or even months after the formation of the scabs has ceased; although the eruption seldom leaves any permanent scars or other disfigurement. The constitutional disturbance is rarely of much account, and is merely symptomatic of defective nutrition.

Impetigo Sparsa.

This variety or form of the disease is not so common as impetigo figurata. It is characterized by the development of small, solitary irregular pustules on different parts of the scalp, and is met with more frequently in children than in adults. In the latter it is a rare disease. Successive pustules appear, attended by itching and heat in the parts. The amount of the incrustation or scabbing depends on the extent of the secretion. It may be thin and yellow, soft or hard. Its character is influenced a good deal by time. In the early period of its formation and when developed on quite young children at the breast, it is soft and moist; hence the terms of crusta lactea, porrigo larvalis, &c., of the older dermatologists. There is at times much local irritation, and if nothing effectual is done to check the progress of the abnormal action, it will run on indefinitely and the exudation will furnish new supplies for the augmentation of the scabs in size and thickness; and as the disease acquires age, it will increase in obstinacy. The characteristic symptoms of the affection are of course more fully pronounced, more disgusting and more difficult to subdue in children who have been neglected, and in whom it is allowed to continue without any attempts to check it, than they are in patients that are well cared for and kept in a cleanly condition. In the latter, the disease is generally mild in its features and exempt from those disagreeable accompaniments so often encountered among the children of poverty, filth and privation; and when appropriate means are employed it can usually be cured in a few months. When it is seated on the hairy scalp of infants, its duration and the sufferings induced by it are not, *cetæris paribus,* so tedious as when developed in the adult and occupying the arms or legs. In the last named situation it is seen oftener than on any other region, and it is here that it is especially formidable. In very rare and exceptional cases, when the eruption is seated on the scalp, the inflammation extends through the whole thickness of the integument, and indolent ulcers are produced in spite of all efforts to arrest its progress. The lymphatic glands of the neck also become enlarged and painful, when the complaint assumes its worst form, and constitutional symptoms of considerable severity are induced.

M. Viardin has reported three cases of amblyopia caused by smoking. In the treatment of these cases the quantity of tobacco smoked was reduced under the direction of M. Viardin, and the sight was restored in the course of a few weeks.—*Lancet.*

TREATMENT OF PNEUMONIA.

To the Editors of the Boston Medical and Surgical Journal.

In your last issue is a report of the proceedings of the late quarterly meeting of the Norfolk District Medical Society. The subject of discussion was the treatment of pneumonia. The discussion was a very interesting one. In the course of it I stated what had been my observation on the disease, and what had been my treatment. My opportunities for observing pneumonia were many, as I had been one of the physicians of the Massachusetts General Hospital for twenty-four years. Among my colleagues was my honored and beloved master of medicine, Dr. James Jackson. I asked Dr. Jackson one day why he bled in pneumonia, citing Mr. John Hunter on Inflammation, &c. "I bleed," said Dr. Jackson, "in pneumonia and pleurisy to diminish pain—agony."

As I have for some time ceased bleeding, I substituted an active medicinal method. Being called to one of the most severe cases of pneumonia I have ever met with, I prescribed as follows:—℞. Hyd. submur., ℈i.; antimon. tart., gr. i.; opii, gr. iv.; mucil. acaciæ gum., q. s. M. Ft. pil. No. iv.

Case II.—Mrs. —— had been recently confined. About a fortnight after, I was desired to see her, and found her very ill with double pneumonia. I prescribed the pills above described. Mrs. —— had a good recovery. Slight ptyalism occurred. It has been observed that in the puerperal state ptyalism is apt to occur from the use of calomel, even in moderate doses.

I stated the above treatment of pneumonia to a highly respected professional friend of mine. He told me that he had tried it in several cases, of which two were slightly salivated, one of whom was an aged man.

It is well known why small doses salivate. They undergo chemical changes in the stomach, become soluble, and so get to be absorbed. Large doses do not. An old professional friend of mine, now dead, was called to see an old lady who was supposed to be about to die of dysentery. He advised two drachms of calomel to be taken immediately. The dose was taken. He called again next morning and learned that Mrs. —— had been faithfully purged, large *fæcal* discharges had occurred, and the dysentery had disappeared. A good and rapid recovery followed, and without ptyalism. So much for heroic medicine. Walter Channing.

Dorchester, July 27, 1867.

A private lunatic asylum has been opened at Alameda, Cal., by Drs. Tucker and Trenor. For a long time the State Asylum at Stockton has been crowded beyond its capacity as a curative institution. There are insane patients enough in California to supply still other establishments.—*Pacific Medical and Surgical Journal.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MAY 27th.—*Disease of the Mitral Valve; great Dilatation of the right Cavities of the Heart.*—Dr. SWAN reported the case and showed the specimen.

Mrs. S. had rheumatic fever twenty years ago. No well-marked attack occurred afterwards, but palpitation and dyspnœa on exertion began ten years ago, and gradually increased of late years. Two years and a half ago, she began decidedly to run down, the cardiac troubles becoming more manifest. Two years ago there was an attack lasting six weeks, with anasarca. An attack in March, 1866, was characterized as follows :—Confinement to bed, with considerable pain in cardiac region and both arms ; heart beating very irregularly—an interrupted, fluttering, hurrying and halting action, with indistinctness of the normal sounds, and occasionally something like a systolic rasp at the apex ; area of dulness, two or three inches square ; thrill on palpation ; no anasarca ; dyspnœa and occasionally orthopnœa. She had several subsequent attacks, generally brought on by a little over-exertion. The last attack, in May, 1867, was accompanied by general and considerable anasarca, and on the 23d of the same month she died, aged 55.

The autopsy, made on the following day, showed a heart much enlarged, the right chambers greatly dilated, the left auricle somewhat so, the left ventricle normal. The mitral valve was greatly thickened and stiffened, and its orifice reduced to a narrow chink, which barely admitted the tip of the little finger. No other valvular disease. Nearly a pint of blood was removed from the right side and connecting veins. On the other hand, the remarkably healthy lungs were, contrary to expectation, entirely free from anything like congestion or œdema, hypostatic or general. Liver and spleen firm, the latter rather large. Other organs not remarkable.

The case is reported as one in which, notwithstanding the ability of the heart to receive blood from the lungs was reduced to at most a sixth of the normal capacity, the effect of the obstruction was found entirely in the systemic circulation.

MAY 27th.—*Intra-ocular Fibro-plastic Tumor, giving rise to the Symptoms of Glaucoma.*—Dr. HASKET DERBY reported the case.

Mrs. C., aged 52, consulted Dr. Derby January 23d, 1867. She stated that eight years ago the vision of the left eye began to fail, without apparent cause and without any other symptoms than the simple loss of sight. Her general health remained perfectly good. Till within a year, she retained perception of light proceeding from any source above her head, thus showing continued sensitiveness of the lower portion of the retina. Within twelve months this had disappeared. There had been at no time any pain felt till six weeks ago, since when she has suffered constantly from severe pains of a neuralgic character in the left eye and side of the head. The right eye had throughout remained in its usual condition.

On examination, Dr. D. recognized in the left eye the usual symptoms of chronic glaucoma, such as stony hardness of the bulb, engorgement of the ciliary vessels, anæsthesia of the cornea and dilatation of the pupil. The media were not sufficiently clear to allow any view of the fundus. No perception of light.

On the 25th of January, Dr. Derby performed iridectomy upwards for the relief of the pain. The tissue of the iris proved very fragile and broke away repeatedly from the forceps. It was with great difficulty that any amount of it could be excised. All pain in and about the eye ceased. On February 2d, the patient left the city. The anterior chamber was still two-thirds full of blood, which was slowly absorbing.

May 16th, she sent word that since twenty-four hours the left eye had been the seat of pain of a most agonizing description. The pain continued with very little intermission, temporary relief being obtained by the employment of leeches and subcutaneous injections of morphia. There being no symptoms of abatement, I visited the patient at her residence in Gloucester, May 23d. There was violent ciliary redness, a staphylomatous projection of the parts about the incision made at the time of the iridectomy, and complete obliteration of the anterior chamber, the iris being throughout in contact with the cornea and the artificial pupil closed with a whitish membrane. The most distressing pain still continued, and promised to seriously interfere with her general condition. Under the circumstances, enucleation of the eye was proposed by Dr. Derby, and, with the kind assistance of Dr. Davidson, at once performed.

On making a section of the globe, a small, regularly-shaped, hemispherical tumor, some four lines in diameter, was found directly attached to the site of the optic-nerve entrance. It was firmly attached to the sclerotic, and the choroid and retina which covered its surface were easily separable from it.

Dr. Ellis, of this city, made a microscopical examination, and wrote me: "The growth is one of the most beautiful specimens of pure fibro-plastic or sarcomatous disease that I have ever seen. It is entirely composed of long, fusiform cells, with nuclei and nucleoli."

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.

BY WM. WARREN GREENE, M.D., SECRETARY.

[Continued from page 480.]

Ascites.—Dr. Collins reported a case of ascites of obscure origin, occurring in a lady of middle age, in which he removed 118 pounds of serum by tapping. The operation was performed in 1860, and in 1865 she remained perfectly well.

Tolerance of Opium.—Dr. Holcomb reported a case of cancer of the rectum in which the administration of opium was commenced 6 months before death. The amount was gradually increased, until for some days before death the patient took 60 grains per day. She never exhibited any symptoms of narcotism.

Dr. Allen said that in a case of severe colic, he had given ½ drachm of morphia in the course of 6 hours. The patient recovered.

Dr. Adams knew a patient suffering under metro-peritonitis who took the equivalent of 18 grs. of opium at a dose.

Loss of Pulsation in the Brachial Artery.—Dr. Brewster reported the case. A man standing upon a ladder, clasping the round above his head with both hands, received a severe blow upon the upper part of the right humerus. There was some swelling and ecchymosis, but no fracture, dislocation or paralysis, yet there was no perceptible pulsation for several days in radial, ulnar, or brachial arteries. After a week it began slowly to return, and in two months was nearly as strong as upon the opposite. Dr. B. asked for an explanation.

Dr. Sabin reported a similar affection of the pulse produced by a severe sprain of the shoulder in a child. The recovery, however, was rapid and complete.

Fractured Clavicle.—Drs. Brewster and Holcomb both reported cases of fractured clavicle which they had dressed simply with adhesive straps, according to the suggestions made by Dr. Greene at a previous meeting, in which the success was complete. The dressing was worn without the least inconvenience, and the results were all that could be desired.

Creosote for Burns.—At the suggestion of Dr. O. E. Brewster, several physicians had tested creosote as an application for burns, and their concurrent testimony was that it almost immediately and completely relieves the pain and smarting. In severe cases the clear creosote may be applied, followed by a dressing of creosote ʒi., simple cerate ℥i. M. The ointment is sufficiently strong for most cases, and should be kept in every house.

Extraordinary Size and Position of the Uterus post partum.—Dr. Smith, of Pittsfield, was called to a lady in labor, and found *apparently* the uterus of ordinary size and shape at full term, occupying the median line, but on the right side extending to the ribs a firm mass which felt like an ovarian tumor or an extra uterine fibroid. Labor went on and delivery was effected, but still this tumor retained its size and position. Upon pressure and manipulation it was distinctly felt to contract under the hand, thus proving it to be a part of the uterus, and it slowly involuted until in a few weeks it was reduced to its normal size.

Double Hare-Lip.—Dr. Greene exhibited a case in which an operation had been successfully performed. He said this was one of the cases where many surgeons would have depressed the central piece, an operation which he thought was too frequently practised. These cases are almost always associated with cleft palate, and oftentimes the unsightly *protuberance*, so called, occupies the proper position of the upper lip in what *should* be the profile outline, the deceptive appearance arising from the flattening of the nose and disappearing as the nostrils are raised and the lateral flaps approximated by free dissection. If cases were more carefully studied, in this particular, the middle portion would be much less frequently interfered with.

Injuries of the Head.—Dr. Gamwell reported the case of a man who received a severe contusion of the scalp and fracture of external plate of left parietal bone by being thrown violently upon the ground. Symptoms of concussion followed. Small splinters of bone were removed and cold water dressings applied. He had recovered perfectly except a permanent double convergent strabismus.

Another case was that of a rail road conductor, who, standing on the platform while the cars were moving, carelessly put his head outside just as the train passed over a bridge, against one of the pillars of which he struck with great force. There was complete coma for some hours, a severe contusion of the scalp, but no fracture. Free hæmorrhage from the ear. The patient recovered in a few weeks with the exception of complete paralysis of the facial nerve of the injured side. From this he was nearly two years in recovering.

Another case of a man injured by a boiler explosion. In addition to severe scalds and a comminuted fracture of radius and ulna, he sustained a depressed fracture of the skull near the occipito-parietal suture. The depressed fragment, two inches in diameter, was raised and the patient recovered.

Cancer of the Stomach.—Dr. Allen reported the case. The man, aged 66, had never suffered from nausea or vomiting, nor had there been more than a little pain. The autopsy revealed extensive malignant disease of the stomach.

Cerebro-Spinal Meningitis.—Dr. Greene reported the case of a medical man who for several months had had albuminuria, his urine containing also casts both epithelial and hyaline and pus-cells. One morning he was suddenly seized with faintness and loss of consciousness. As this returned, he had some pain in back part of head and neck, with tenderness of the nape on pressure. There was difficulty in swallowing, sometimes amounting to inability, and *total inability to respire.* Although conscious of the necessity of breathing, he had no power to make an inspiration, and even if he was let alone until his face became purple, he could make no effort. For several hours his tongue was drawn forward by a tenaculum, and the respiratory movements stimulated by manipulating the chest and abdomen. During this time he was seized with the most terrible opisthotonotic convulsions, which recurred every fifteen, twenty and thirty minutes. These commenced early in the evening and continued till nearly midnight. He was bled freely from the arm (being a strong, muscular man), which was repeated to considerable extent by the bandage being torn from the arm during the spasms, was cupped twice in the nape, *liberally,* which cupping was followed by a powerful blister. He got twenty grains of calomel, with the same amount of jalap, followed in two hours with a full dose of turpentine and oil. He also got three drops of fluid extract of veratrum viride every two hours, and half-grain doses of morphia every three. The following day he was quite comfortable, having slept some and had several discharges from the bowels. In a week he was down stairs, and made a rapid recovery. Now, several months since, he remains perfectly well, nor is there a trace of anything abnormal in the urine. The case was seen by a large number of Berkshire physicians.

[To be continued.]

Bibliographical Notices.

A Practical Guide to the Study of the Diseases of the Eye: their Medical and Surgical Treatment. By Henry W. Williams, M.D. Second Edition, revised and enlarged. Boston: Ticknor & Fields. 1867.

The first edition of this book, published five years ago, filled an important gap in medical literature. Its aim was to place in the hands of the great body of students and general practitioners of medicine a concise and clear description of the usual forms of ophthalmic disease, at once minute enough to serve as a real guide to diagnosis and treatment, and yet free from the perplexing minutiæ and technicalities which necessarily abound in the elaborate encyclopœdic works of Mackenzie and other distinguished masters of ophthalmic science.

Such a task is by no means an easy one, and when most successfully accomplished is most apt to fail of adequate recognition. The truest test of the value of such a work is to be found in its use by the class of persons for whom it is intended, and, tried by this test, Dr. Williams's book has proved a success second to very few productions of the medical press of this country. How hard, indeed, it is to produce a really valuable work of the character of that now under consideration is best seen by comparing it with the best English book of its class, that of Mr. Dixon, which has passed through several British and American editions, but of which it is no disparagement to say that in completeness and in the judicious treatment of its subject, it falls far short of the excellence of its American companion.

But it is not to the student or the country physician only that the present treatise is a necessity. Embodying, as it does, the results of the matured experience of twenty years of exclusive ophthalmic practice, the lessons of its author must be received as *ex cathedra* by other laborers in the same field. To Dr. Williams, indeed, we owe two of the most valuable improvements of modern ophthalmic practice, viz., the banishment of so-called specific, but really blindly empirical, treatment in iritis, and the employment of suture of the corneal wound after the extraction of cataract by the ordinary flap method. The great importance of these two contributions alone must give to the matured opinions of their author upon other points of practice a weight of authority which none can afford lightly to reject, and for this reason, if for no other, the pages of the present volume will be often and profitably consulted by the leaders of our profession as well as by the new recruits.

The book opens with concise but eminently practical introductory chapters upon the examination of the eye and upon remedies and their application. The subject of obliquè illumination, the ophthalmoscope, the use of test-letters, and the investigation of limitations of the visual field are treated at a length of about thirty pages, chiefly in an appendix, to which suitable references occur in the proper connection in the text. In the chapter on remedies, we would call especial attention to the recommendation of mild collyria and the polished crayon of sulphate of copper as safe and efficient substitutes for the irritating ointments and dangerous lead and silver solutions which are still far too often and too indiscriminately employed. We regret that the author has not made mention of his crayon of alum, which is certainly a most valuable auxiliary to other remedies.

Chapter IV., on the Affections of the Conjunctiva, presents, in thirty-eight pages, a simple and lucid classification and description of the different forms of ophthalmia, together with an admirable exposition of the best methods of treatment. The lesson taught in this chapter cannot be too often or too strongly inculcated, viz., that in the treatment of the various forms of ophthalmia the first and chief indication is thorough cleanliness in the removal of the morbid secretions, and that, when careful attention is paid to this point, the eyes do far better under the frequent use of very mild collyria, with perhaps an occasional application of the smooth sulphate of copper crayon, than by the use of the strong silver solutions which are still much in vogue. In the chronic inflammations with granular lids, and especially with trachomatous granulations, the rule is patience, with the use of gentle means, as leading most surely and speedily to the most perfect result.

Chapter V., on Affections of the Lachrymal Organs, contains, in ten pages, an admirable *résumé* of the best modern views and practice in this important and formerly excessively troublesome class of cases. In acute catarrh of the lachrymal sac, threatening the formation of external abscess and lachrymal fistula, we can testify from experience to the value of the plan pursued by Dr. Williams. "If the application of warm fomentations does not soon diminish the sensitiveness, and relax the parts sufficiently to allow of the evacuation of the sac by pressure, a fine probe is introduced through the punctum into the sac, which, by bringing the canal into one straight line, generally allows the pus to escape along the side of the probe, or immediately upon its withdrawal, especially if gentle pressure is at the same time made. The discharge of even a small portion of the accumulated matter gives immense relief, by taking off the tension of the parietes of the sac, and the probe may often be inserted a second time, and the evacuation completed with little pain. * * * Should it be impossible to find the opening and introduce the probe, the punctum and canal may be laid open, or the sac itself entered from this direction, with a very narrow knife, rather than to allow the abscess to take its own course, or to relieve it by puncture through the skin."

In the treatment of obstruction in the lachrymal sac or nasal duct, the author follows closely the principles established by Mr. Bowman, judiciously avoiding the very numerous modifications which have been proposed by other writers. Of these modifications it is perhaps not too much to say that not one of them is of any real value, and that the greater part of them are essentially mischievous, and attest either manual awkwardness or ignorance of surgical principles in their authors. The probes used by Dr. Williams differ slightly from those in common use in being made with a bulbous extremity and slender and somewhat elastic in the shank.

Traumatic Injuries of the Eye form the subject of Chapter VI. To the general practitioner this is one of the most important chapters of the book, for in these cases he must often assume the responsibility of immediate action, involving, perhaps, the whole question of the preservation or loss of vision. In this connection, the reader is cautioned against the common error of over-activity in the application of remedies, and especially against the equally common mistake of active constitutional treatment. In punctured or incised wounds of the eye-ball, with protrusion of a portion of the iris, the prolapsed part is to be carefully excised. Wounds of the crystalline lens or capsule require that the eye be placed immediately under the influence of atropia, to prevent adhesions or possible occlusion of the pupil. Especially dangerous are those injuries which are attended by the penetration within the eye of a foreign body, such as a fragment of steel, a bit of a percussion cap, &c. Besides the almost inevitable destruction of the injured eye which results from such an accident, there is great danger of the insidious development of sympathetic inflammation in the other eye. In cases, therefore, of persistent irritation in the injured eye, it is generally advisable to remove the offending globe, even though the other eye has not yet shown any sign of disease.

Chapter VII., on Affections of the Cornea, while presenting but little of actual novelty, is clear and comprehensive. The subject of syphilitic keratitis, so ably elaborated by Mr. Hutchinson, is well described, and the pathology of the disease illustrated by three drawings of the characteristic notched teeth, taken from actual cases. In staphyloma of the cornea it is recommended, in certain cases, to excise an oval portion of the centre of the staphyloma, uniting the edges of the wound by fine sutures. We have seen this plan tried with marked success, and without material reduction of the size of the eye-ball.

Chapter VIII., on Affections of the Sclerotica, contains an account of Mr. Critchett's operation of abscision of the anterior part of the globe. Another plan, which is, we believe, peculiar to the author, is the excision of only an oval portion from the centre of the staphyloma, bringing the edges of the wound together afterwards by means of fine sutures. This mode of operating is suited chiefly to those cases in which the staphylomatous tissue is tolerably firm, and where the removal of the entire thinned portion would involve too great reduction in the size of the globe. The advantages of preserving the eye-ball as nearly as possible of its normal dimensions are very great, both in supporting the eye-lids where no artificial eye is worn, and in affording a better and more movable support for an artificial eye. Posterior staphyloma, together with its pathology and ophthalmoscopic appearances, are also described in this chapter.

Of Chapter IX., on Affections of the Iris, we owe much to the original observations and research of the author. Dr. Williams's papers on the treatment of iritis without mercury, published twelve years ago in this Journal, have been widely quoted, and have already worked a very general change in treatment throughout the civilized world. In all stages of the disease the one great indication is to keep the pupil well dilated, using, if necessary, solutions of atropia as strong even as ten grains to the ounce, and repeating the application as often, in some cases, as every half hour. Under the use of these strong solutions, and sometimes even of minute portions of atropia in powder, we have repeatedly succeeded in dilating the pupil in all stages of the disease, and can bear testimony to the fact that the supposed inefficiency of mydriatics under these circumstances is, in most cases, evidence only that they have been inefficiently employed.

Chapter X., on Affections of the Crystalline Lens, is of course devoted chiefly to cataract. In cases of congenital cataract, where there is a sufficient marginal zone of transparent lens-substance, iriddesis is recommended rather then iridectomy, a preference in which we agree as affording a much better optical result without increased risk to the eye.

Of the various operations for hard cataract, Dr. Williams is an advocate of the ordinary flap extraction, but with the very important and original addition of placing a single point of suture in the middle of the flap. Certainly, in his hands, the statistics of this method fully justify his preference, while in perfection of result, as symmetry of the cornea, and central and active pupil, his operations have never been surpassed and seldom equalled. We consider Dr. Williams as in the foremost rank of living authorities in all matters pertaining to cataract operations, and look with confidence to him for still further improvements in practice.

The remarks favoring the use of anæsthetics in cataract operations are of especial authority in view of the extended experience on which they are based.

Passing over the chapters on Affections of the Vitreous, and on Operations for Artificial Pupil, we come to Chapter XIII., on Affections involving the entire Globe. Twelve pages, devoted to the important subject of glaucoma, contain a judicious *résumé* of modern views and practice. In one important point we fully agree with Dr. Williams in opposition to high authority abroad, viz., to perform the iridectomy *upwards*, as well for cosmetic reasons as to avoid the dazzling caused by an excessive influx of light into the eye.

Other sections are devoted to ophthalmitis, and to sympathetic inflammation of the eye. Under the latter head, we are warned, however, not to let our fears of sympathetic trouble betray us into the error of hastily sacrificing every eye which has suffered a considerable injury, even of the ciliary region, for such cases often do well under simple treatment.

Chapters XV. and XVI., on Affections of the Choroid and Retina, although brief, are accurate, and as minute as is desirable in an elementary work.

Chapter XXI. treats of certain forms of Asthenopia not connected with refractive or muscular insufficiency.

Chapter XXII., on Strabismus, is based upon the able investigations of Donders, and contains much which will be received as exceedingly novel and interesting to the general reader.

An Appendix of eighty-two pages, reprinted for the most part from the author's essay on "Recent Advances in Ophthalmic Science," contains an account of the ophthalmoscope, the function of accommodation, and the accommodative and refractive defects of the eye. These subjects are exceedingly well treated, and are illustrated by numerous original and neatly engraved wood-cuts. The test-letters appended to the book are based on the series of Snellen, but are simplified in form. Another series is given, of ordinary type, varying from "brilliant" to "pica," and corresponding to the first ten numbers of Jaeger's schrift-scalen. Of this part of the book, as indeed of the whole work, we can only say that it is thoroughly up to the times, and is presented in a most attractive and interesting manner. In point of usefulness, this second edition more than fulfils the promise of the first, and furnishes by far the best introduction to ophthalmology with which we are acquainted. G.

THE corner stone of a new Lunatic Asylum for the State of Connecticut was recently laid, with imposing ceremonies, in Middletown, which city has given 150 acres of excellent land for the use of the institution, and 80 acres in addition have been purchased by the State.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: WEDNESDAY, JULY 31, 1867.

THE CAUSE OF INTERMITTENT FEVER.

In the course of a recent correspondence with Dr. Salisbury on the subject of his discovery of the cause of Intermittent Fever, we have received some information of much interest which we are permitted to lay before our readers.

The question has been asked, granting that the cryptogamous plants which Dr. Salisbury regards as the cause of Intermittent Fever are found growing in districts confessedly malarial, do not malarial diseases occur in regions where these algoids are not found? To this inquiry Dr. Salisbury replies:

"I have not found the Ague Palmella growing to any extent in any locality that is not malarial; and I never have found a malarial district or locality that did not produce one or more species of the plants described in my monograph." * * * * * "I have much very interesting matter, confirmatory of what has been given to the public, that is not yet published." * * * * *

"All my experiments thus far go to substantiate the statements already published. So far as I have heard from careful and honest observers, men who can pursue investigations without prejudice and without being biassed by preconceived views and theories, my labors have been sustained."

"The Ague plants develope on and just beneath the surface of soils, in certain localities, where the soil and hygrometric conditions are suited for their development. They grow as prolifically upon a sand bed as upon boggy soils, providing the proper conditions are present. They begin to develope in profusion in this climate (Cleveland, Ohio), early in July, and continue to grow luxuriantly until the early frosts."

"As the plants mature they burst and discharge their spores, which accumulate in vast multitudes on the surface of the soil, presenting the appearance often of an incrustation of flour, lime or brick dust, thinly or thickly scattered."

"I have plants collected from all parts of the west, carefully preserved in tin boxes and labelled. From these I have made many drawings, which are nearly ready for publication."

We have received from Dr. Salisbury specimens of two of his species of Ague plants, the Gemiasma rubrum and verdans. The former reached us in an unsatisfactory condition, but of the latter we have had the opportunity of studying, under the microscope, the growth to maturity and bursting of the spore sacs in the most satisfactory manner. It corresponded in its various stages most precisely with the drawings which Dr. Salisbury was kind enough to send us. In answer to an inquiry whether he finds these plants in the blood—as the impossibility of such a thing without very grave if not fatal results has been urged as one of the points of criticism of his theory, and in objection to his statement that he had found them growing in the urine—Dr. Salisbury informs us that he does, and accompanies his statement with a drawing, representing them as they are found in the circulation. They differ in no respect from the plants in their natural habitat except in the want of color. They appear as large cells, with "double walls, with a narrow, intervening space. This is not always evident, but generally is. There is no nucleus. The plants are filled with spores and spermatia. They are from two to four times the diameter of colorless corpuscles, and stand out with a strong outline like the *ova of entozoa*. I wish I could show you a plant in the blood; you would never mistake it afterwards for anything else, it is so peculiar and distinctly marked."

"One very interesting fact I have noticed—which explains the use of quinine in ague—and that is, where patients have taken it for some time and in considerable doses, the plants in the blood seem almost entirely empty of spores. It seems to destroy their power to produce the reproductive elements. The paper already published is only a brief of my investigations. I intend soon to have something more ready."

All this is very interesting, and is evidence of the thoroughness of Dr. Salisbury's investigations, while it fully substantiates his claim to all the honor belonging to this very remarkable discovery. As an evidence of the extent of his researches on this and kindred subjects, we quote one more passage from one of his letters.

"I have some matter," he says, "connected with blood examinations (microscopic) that is of very great interest to me, and I think will equally interest the profession. This I am getting ready for publication. I have made, up to the present time, over *thirty-five thousand* careful microscopic examinations of blood, where I have made drawings and notes. The developments, in throwing light upon disease, are most interesting."

This is comparatively a new field of pathological study, and the profession will await with impatience the results of such unparalleled research.

Dr. Norton Folsom, the temporary Superintendent of the Asylum for the Insane at Taunton, writes us:—

> So far as bodily condition is concerned, this is a remarkably healthy place. Among over 400 patients and employées, there is but one case of acute disease, and to-morrow there may be none. Not more than twenty are taking medicine at all, and of these at least one half take a placebo; the others, stimulants and tonics. We have but *three* cases of phthisis that I have detected, though the statement has been made that it is very common among the insane. I have *no* patient using morphia continuously; several, where the practice, acquired elsewhere, has been broken off with extremely good result. I have found that it is far the best way to omit it *at once*. "Tapering off" is of no advantage, and prolongs the distress.

Facial Neuralgia.—Messrs. Editors:—Two cases of Facial Neuralgia reported in last week's Journal, both cured—one by a single subcutaneous injection, the other by the use of the bromide of potash—were of much interest to me, as I have been treating an obstinate case for more than a year, where the above remedies have failed.

Mrs. P., aged 35, mother of three children, was attacked over a year ago with severe neuralgic pain in the infra-orbital region. She had suffered for several months from a deranged state of the digestive organs, and had severe erysipelatous inflammation in the face and on the right arm during the winter previous.

She has been through with all the usual tonics, had carious teeth removed, changed her location, been actively purged, etc. For the last month she has been taking Bromid. Potass., grs. xv. daily. She has also had from one to three hypodermic injections of morphia every day since her first attack. This has always afforded temporary relief, while nothing else has.

Her pain is not always in the region named, but often through the temples, sometimes in the limbs and frequently through the region of the liver. Appetite poor; tongue lightly coated; bowels costive; is not much emaciated, and has not a very sickly looking countenance. Works a little every day, though she lies abed a greater portion of the time.

A full report of this case was read before the Connecticut River Valley Medical Association last April, at which time active purgation was suggested by the President, Dr. Crosby, and was afterwards tried.

The case remains, and still asks for a remedy.

Walpole, N. H., July 30, 1867. A. P. Richardson, M.D.

Consanguineous Marriages.—We commend the following important circular to our readers, hoping it may receive the attention it deserves. We hope that any one cognizant of marriages of blood relations, where there is no apparent unfavorable result in the offspring, will communicate the facts to the Committee, as the attention of medical men is too apt to be turned in the opposite direction only.

118 W. Houston St., New York, July, 1867.

Sir,—At the late meeting of the "Medical Society of the State of New York," it was resolved: "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, &c."

If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:—

1. Name (initials) and age of husband.
2. Nativity.
3. Age when married.
4. Constitution.
5. Health, deformities, peculiar diathesis.
5. Health of his family, hereditary diseases, deformities, &c.

7. Name (initials) and age of wife.
8. Nativity.
9. Age when married.
10. Constitution.
11. Health, deformities, peculiar diathesis.
12. Health of her family, hereditary diseases, deformities, &c.

13. How are the parties related to each other?
14. How long married?
15. How many children, or sterility?
16. Abortions; cause; how many, and at what period?
17. Children died, at what ages and from what diseases?
18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, &c.
19. Remarks and other information.

Hoping to receive your valuable coöperation for the advancement of medical science, I remain yours, most respectfully, Robert Newman, MD.

Disinfectants.—Although the efficacy of disinfectants is generally admitted by the highest chemical authorities at the present day, there are still those who doubt their power, or think that it is limited to the destruction of "bad smells." Whether this latter property is not protective against some forms of disease we shall not stop to inquire now, but content ourselves with copying the following interesting extract from a recent number of the London *Medical Times and Gazette.* It is taken from an article on the Cattle Plague and Disinfectants. Mr. Crookes, of whom the writer speaks, is Editor of the *Chemical News*, and Fellow of the Royal Society. After quoting him as showing the extreme inefficiency of chloride of lime as a disinfectant, the writer says:—

> Mr. Crookes has shown that there exist in sulphurous acid and carbolic acid substances which are absolutely destructive of every kind of living thing of low organization, such as cattle plague virus is supposed to be—that these substances not only destroy the virus, but attack it at once, and, moreover, arrest all tendency to putrefactive decomposition in animal matters with which they are mixed. But even this is not all that his observations have brought to light, for the deductions of the philosopher have been thoroughly borne out by the observation of the practical sanitarian. Mr. Crookes is a scientific chemist, but this is no reason why his practical observations are to be ignored. In his Report to the Cattle Plague Commissioners several striking instances of the value of these disinfectants are recorded. We will only quote one of them, however, leaving our readers to consult the original report (Appendix to the Third Report of the Cattle Plague Commissioners, p. 194) for the remainder. The instance we refer to is of the nature of a crucial experiment. The farm of a Mr. Lowe, in Cheshire, was situated in the centre of one of the most affected localities in England. The stock consisted of 73 animals—45 milch cows, kept in houses which were regularly disinfected, and 15 two-year-old heifers and 13 yearling calves kept in fields and open sheds. To these latter no disinfectant whatever was used. This was in December, 1865. The disease prevailed severely all round, but no case occurred at Mr. Lowe's farm until February, when a man who had attended a post-mortem examination of some diseased beasts came directly and milked some of the cows. Four cases (three of the cows milked by the man, and one case from further infection) were all that occurred among the 45 cows, and the carbolic acid used in the sheds seemed rather to have improved their health. The same man prepared food for the beasts in the field who were unprotected, and in a fortnight every one of them was dead.

Apt Repartee.—In a letter from Dr. D. Clark, published in the *Medical and Surgical Reporter*, giving an account of the annual meeting of the Indiana State Medical Society, we find the following:—

> The Society met this time for *work*, and no time was spent uselessly in entertainments. There was the usual play of wit and repartee. The corpulent host of the Palmer House rallied Dr. Kersey, the President, on his lean and pallid appearance. "*The Doctor had doubtless made a mistake, and taken some of his own medicine.*"
>
> Presently the host went on to remark on his own fatness as an inconvenience, and wished he could in some way bring about a reduction of his corpulence. "*For that purpose*," gravely remarked the Doctor, "I should advise that you put yourself on a course of *your own victuals*." "Mine host" acknowledged himself second-best in the joke.

Report of a Committee of the French Academy of Medicine on the Cholera in France in 1849.—The report of this Committee has just been presented to the Academy by M. Briquet. It is a document of 1000 pages, and is amply illustrated by maps and plans. It is not yet in print. An abstract has been published in the London *Medical Times and Gazette*, which contains the general conclusions of the Committee. Of the manner of propagation of the disease, the Committee say: "When this takes place by land, this is effected from person to person *(proche à proche)*. By sea, on the other hand, it is effected at more or less great distances, and the first localities attacked have generally been ports for merchant vessels."

M. Guérin, one of the Committee, in a recent number of the *Gazette Médicale*, says:—

"Every one, at least with few exceptions, is at the present day agreed that the cholera is propagated by contagion, reserve being made with respect to the unity or multiplicity of its origins. Holding such convictions, is there no means to do for the cholera what has been done with such brilliant success, under the auspices of our eminent colleague, M. Bouley, for the cattle plague? All sick or suspected animals were at once immolated; and while we should not demand such a procedure in the case of our poor cholera patients, we might immediately, as fast as they become attacked, remove them out of Paris into isolated, well-aired abodes, subjected to a system of ventilation calculated to destroy on the spot cholera emanations. Surely this would give every chance of preventing the formation of centres of infection, and of cutting off those first attacked from being the points of departure for new explosions. We recommend the idea to the attention of the hygienic council; but in order that the experiment may succeed, it is essential that it shall be tried on the very first manifestation of the return of the disease, and continued with perseverance to the last."

Degeneration of the French.—The correspondent of the London *Times and Gazette*, writing from Paris, quotes M. Broca as combating the statement that the stature of the French people is steadily diminishing. From his reported remarks we take the following:—

"The alleged degeneration of the French race has been attributed in turn to various causes—as the prevalence of syphilis, the extension of vaccination, debauchery, the abuse of tobacco and alcoholic drinks, and to the forced celibacy which the conscription condemns the male population to during seven years of its greatest activity. It was in the year 1854 the alarm was first sounded, as in that year the number of deaths exceeded that of the births by 69,300; but that year was an exceptionally unfavorable one, owing to the prevalence of war and cholera, and the high price of bread. The number of marriages also for that year diminished by 10,000. With respect to marriages also it has been truly stated that they have become less fertile than heretofore; but this is not the case to the extent supposed, the number of children per marriage having, in fact, only declined from 4.02 to 3.16. It is to be remembered that the age at which marriage takes place is much later than formerly; for while it used to be at from 20 to 25, now, although some do still marry at between 25 and 30, the great bulk do not do so until between 30 and 40. Soldiers are, indeed, prohibited marrying before 27.

The mere number of births is a bad criterion, and it is of more importance to ascertain the numbers that arrive at adult age. In this respect France has been progressively increasing, so that she can show an increase of 10,000,000 in a half-century, notwithstanding wars, revolutions and other disasters. As contemporaneously with this increase there has been a slight decrease of births, it is evident that the increase is due to increased vitality. According to the calculations of M. Bertillon, there has been a gain of ten years since the commencement of the century. The number of infants surviving at five years and that of adults surviving at twenty have undergone a similar progression. But not only have they survived, but they are well constituted, as shown by their military aptitude; for, according to M. Boudin's calculations, this has increased from 63 per cent. in 1831, to 67 in 1864, although the examinations of late years have become much more rigid. The number of exemptions for deficiency of height diminished from 928 per 10,000 in 1831, to 533 in 1864. The exemptions for infirmities amounted to 3196 per 10,000 in 1831, and only to 2762 in 1864.

The Hospital "Salpêtrière" in Paris.—Rev. Dr. Bellows, in one of his interesting letters from Europe, published in the *Liberal Christian*, gives the following description of the famous *Salpêtrière*:—

To begin with charities, let me give a brief account of the "*Salpétrière,*" a sort of almshouse and hospital, where, for more than two hundred years, succor and shelter, food and medicine have been freely furnished to aged women, beyond the years or without the ability to support themselves. There are here within the city boundaries, and in an enclosure, one side of which is a mile long, forty-five separate buildings devoted to this purpose. A beautiful park and flower-garden, a large church, ample and cleanly dormitories, bakeries, kitchens, a washing department, wards for the bed-ridden, for the insane, for the incurable, as well as comfortable accommodations for merely outworn and feeble old women, present an affecting evidence of the care the government has for utterly helpless and superannuated poverty and misfortune. Excellent ventilation, good arrangements for heating, various and agreeable food, ample space for exercise and relaxation in the open air mark the establishment. A spirit of humanity, exemption from needless discipline, freedom of ingress and egress, with due attention to the taste for what is beautiful, are other delightful characteristics of this vast refuge for infirmity. The only punishment for disorderly behavior is expulsion from the advantages of the hospital, for a longer or shorter period. The size of the grounds may be inferred from the fact that sixty thousand visitors were expected to participate in the "*Féte Dieu*" (Corpus Christi) which the inmates were preparing, by the erection of floral altars, to celebrate on the next Sunday. There are beds for six thousand women in this grand hospital, which boasts of being the largest in the world.

Pseudo-membranous affections in the Paris Hospitals during the month of May last.—There were three cases of croup operated on, and all three cured, by Mr. BERGERON at Sainte-Eugenie. In the same Hospital—service of M. BARTHEZ—there were five cases of croup, with tracheotomy three times, succeeding twice. —*Union Medicale.*

DR. H. F. DAMON has been elected Admitting Physician to the Boston City Hospital, in place of Dr. George Derby, recently elected as one of the Visiting Surgeons.—At the Commencement in the Medical Department of the University of Vermont, in Burlington, recently, the degree of M.D. was conferred on twenty-three candidates.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, July 27th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	50	56	106
Ave. mortality of corresponding weeks for ten years, 1856—1866	51.5	43.1	94.6
Average corrected to increased population - - - -	00	00	104.31
Deaths of persons above 90 - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—A New Treatment of Lead Poisoning. Translation by W. F. Munroe, M.D.—On Pulsatilla. By John C. Peters, M.D.

DIED,—In San Francisco, Cal., April 16th, B. B. Coit, M.D., aged 66 years; May 1st, Benj. W. Hathaway, M.D., aged 54 years; May 13th, Benjamin Ober, M.D., aged 61 years.

DEATHS IN BOSTON for the week ending Saturday noon, July 27th, 106. Males, 50—Females, 56. Accident, 2—anæmia, 1—aneurism, 1—apoplexy, 2—inflammation of the bowels, 3—disease of the brain, 2—bronchitis, 4—cancer, 2—cholera infantum, 18—cholera morbus, 1—consumption, 17—convulsions, 2—croup, 1—cyanosis, 1—diarrhœa, 8—diphtheria, 1—dropsy of the brain, 3—drowned, 1—dysentery, 2—scarlet fever, 7—gastritis, 1—disease of the heart, 2—insanity, 1—disease of the kidneys, 1—disease of the liver, 1—marasmus, 1—measles, 1—paralysis, 1—premature birth, 4—scrofula, 1—smallpox, 3—unknown, 9.

Under 5 years of age, 56—between 5 and 20 years, 12—between 20 and 40 years, 13—between 40 and 60 years, 16—above 60 years, 9. Born in the United States, 80—Ireland, 14—other places, 12.

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THE

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MEDICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL.—NO. II. SERVICE OF DR. MINOT.

Reported by Mr. William L. Richardson.

[Communicated for the Boston Medical and Surgical Journal.]

Case IV.—*Amenorrhœa; Recovery.*—J. F., domestic, single, aged 21, entered the hospital July 22, 1866. States that her catamenia were always regular till April 1st, when, instead of lasting two days (as was usual), they were arrested, without any assignable cause, shortly after their appearance, and have not since returned. Pulse normal. Bowels costive. Appetite poor. Complains of headache and of a general feeling of *malaise.* House diet. Warm foot-bath every night. ℞. Pulv. ferri gr. ij. ter die.

July 23d.—Electricity from sacrum to pubes twice a day for five minutes.

28th.—Catamenia appeared this morning. Omit electricity.

30th.—Catamenia continue. No headache. Feels in every way very much improved.

31st.—Catamenia ceased yesterday. Bowels regular. Feels perfectly well, and was discharged.

In cases of simple amenorrhœa, without organic cause, especially in chlorotic patients, the continued current, passed from the pubes to the sacrum for a few minutes, once or twice a day, has been found very efficacious in this service, either alone or in combination with other emmenagogues.

Case V.—*Diabetes; Marked Improvement.*—B. B. N., stone-cutter, married, aged 30 years, entered the hospital Oct. 2d, 1866. Patient's father died of diabetes. For the last twenty years he has suffered more or less from an eczematous eruption on various parts of the body. This left him about the first of May, at which time he began to suffer from constant thirst, and his urine became increased. His strength soon began to fail, his weight rapidly diminished, his thirst increased daily, as did also the amount of urine. For the last six weeks his eyesight has become impaired.

Symptoms on admission:—Great emaciation; his weight, which in July was 167 pounds, is reduced to 143½ pounds. Pulse 84. Bowels regular; appetite good; tongue parched and rough, looking like a piece of dried leather; thirst almost intolerable. He is obliged to rise eight or nine times in the course of the night to pass his water. Complains of a feeling of great prostration.

Urine: sp. gr. 1030; neutral; colorless; sweet; odor, faint; chlorides diminished;. sugar abundant.

He was put upon a diet of coffee or tea, with a little milk, meat, fish, cabbage, eggs, butter, cheese, bran bread, and a little wheaten bread thoroughly roasted. Two drops of creosote, three times daily. A warm bath twice a week. The treatment was not changed during his stay in the hospital, and the improvement was very rapid. Oct. 6th, there was "marked diminution in thirst and desire to urinate." 7th.—"Thirst almost gone. Quite comfortable in every respect." 16th.—"Reports himself as 'perfectly well'; was not obliged to rise once last night to pass his water." He was discharged at his own request, Oct. 16th, but returned occasionally to report, till the middle of January, there having been no relapse. He was again seen, June 22d, when his condition was about the same as on leaving the hospital. He reported that he had been gaining strength slowly, and expected to go to work early in July. The last two months he had not closely followed the diet prescribed for him in the hospital.

The following table exhibits the amount and specific gravity of the urine, and the weight of the patient at intervals for a period of three and a half months while he was under treatment.

Date.	*Amount of urine in 24 hours.*	*Sp. Gr.*	*Patient's Weight.*
Oct. 2	9½ quarts	1030	143½ lbs.
5	10¼ "	1042	
6	6½ "	1038	
7	3½ "	1038	
9	4 "	1032	
10	5 "	1024	
11	4 "	1028	
13	3½ "	1026	
15	4¾ "	1025	140 "
28*	5 "	1038	
Nov. 13	3 "	1035	
27	4½ "	1035	152½ "
Dec. 11	4½ "	1031	157 "
24	4 "	1034	
Jan. 8	5 "	1031	159 "
14	4 "	1030	164 "
June 22	4 "	1032	144 "

Sugar was abundant in all the specimens.

It will be seen that the improvement was manifested chiefly in the general condition of the patient, the relief of all urgent symptoms, great gain in strength and weight, and a diminution in the amount of urine. There was little or no diminution in the amount of sugar in the urine, and hence the patient could not be considered as cured;

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* Had left the hospital, and was probably not so particular in his diet.

but there is no doubt that by adhering to a restricted diet he could live in a fair state of health for a considerable time, perhaps for many years.

Case VI.—*Erythema Nodosum; Recovery.*—Harriet B., domestic, single, aged 18, entered the hospital March 26th, 1867.

History of the case:—Never very strong; character doubtful. March 23d, complained of some soreness above right ankle. An examination disclosed an eruption extending from ankle to knee on both legs. The next day it appeared on the left arm; the day following on the right arm.

Symptoms upon entrance:—Pulse 72. Tongue coated. Appetite poor. Bowels costive. On both arms and legs spots can be seen, varying in size from that of a cent to that of half the palm of the hand; slightly elevated; red or purple; excessively tender; hard to the feel, the color fading on pressure; accompanied by great heat and burning.

She was placed on liquid farinaceous diet, with beef-tea. Five grains of iodide of potassium, three times daily, were ordered; the bowels were regulated by laxative medicine, and a lotion of diluted alcohol was applied to the eruption. The eruption began to fade March 27th, though still painful. On the 30th, it was rapidly disappearing. The pain was relieved April 6th, there was no trace of the eruption, and the general health was greatly improved.

Case VII.—*Psoriasis; Recovery.*—A. F., a little girl aged 8, entered the hospital April 30th, 1867.

History of the case:—Three months ago, a slight eruption was noticed on both hips. Gradually it spread over the body, and finally over both arms and legs. Two weeks since, it appeared on the face. The eruption first appeared as small spots, of a glistening white color. These increased from the original spot as a centre, till they acquired a size varying from a quarter of an inch to more than an inch in diameter. When they fade, which is rarely the case, they fade in the centre first.

Symptoms upon entrance:—Pulse 90. Bowels regular. Appetite poor. Some emaciation. Over the body and legs numerous patches, more or less circular in form, are to be seen, covered with white glistening scales, beneath which the skin is of a bright red hue. On the arms the scales appear to have fallen, and there now remains only a dark red surface.

She was put on house diet. Two drops of Fowler's solution were given three times daily, after meals; two grains of compound rhubarb pill, daily; a tepid alkaline bath every night. May 5th, the color of the spots was much fainter; the improvement continued without interruption. The general health and appetite also greatly improved. June 7th, "scars alone mark the seat of the previous eruption. Discharged."

Case VIII.—*Exophthalmia; Recovery.*—M. R., a young woman 24 years old, an operative by profession, single, entered the hospital July 17th, 1866.

History of the case:—During the last three years she has been losing flesh, and for the past two years has become nervous and irritable, and has suffered from a profuse leucorrhœa. The past year she has been gradually becoming myopic. Has also suffered a great deal from palpitation of the heart, and severe pain under the left breast. The eyes gradually became prominent, and the past few months she has complained of a "deadening pain" through the eye-balls, especially when they were exposed to a strong light. Two months before entrance, she noticed a tumor in the region of the thyroid gland, giving rise to some pain whenever she attempted to swallow.

Symptoms upon entrance:—Pulse 100; appetite good; bowels rather costive; catamenia regular; profuse leucorrhœa; sleeps poorly, though without any assignable cause. No increase of præcordial dulness; slight systolic murmur at the base of the heart, loudest between second and third ribs close to edge of sternum. Same murmur, but louder, audible in both carotids. Impulse of heart and of carotids quite strong. Thyroid gland considerably enlarged, mostly on left side. Eyes extremely prominent and brilliant, giving a staring look to the patient; conjunctivæ somewhat injected; lids can be closed by patient only with an effort. Pupils somewhat contracted. Use of eyes in reading or writing causes fatigue and pain. Frequent headache.

The patient was directed to keep out of doors several hours daily, in good weather, to have a good diet, to take a cold sponge bath every morning, and a warm foot bath every night. She was ordered the tincture of digitalis every three hours, beginning with ten drops at a dose, and gradually increasing to twenty-six drops, which amount was reached, August 8th, in twenty-two days; the dose was then diminished, in consequence of the improvement of the patient, and the medicine was omitted August 12th. The fluid extract of veratrum viride was then substituted for it, beginning with three drops every three hours, and gradually increased to six drops. The compound tincture of iodine was painted daily over the thyroid gland for several days; afterwards, an ointment containing iodide of potassium was used instead of it. Under this treatment, the patient began to improve at once. The thyroid gland first began to diminish, as was recorded, July 23d, six days after her entrance. The palpitation and debility were relieved. August 2d, was recorded:—"Pulse 72; no leucorrhœa for two days; thyroid gland much diminished; improving daily." August 16th:—"Pulse 54; improving in all respects; no leucorrhœa; sleeps well; thyroid gland reduced almost to normal size." August 23d:—"States that she feels perfectly well; no enlargement of thyroid gland; no feeling of discomfort in the eyes, which are still somewhat prominent, but much less so than at entrance. At her own request, was discharged, well." The duration of her stay in the hospital was thirty-seven days.

The three characteristic symptoms of this remarkable disease—enlargement of the thyroid gland, prominence of the eyeballs, and palpitation of the heart—were all present in the above case. The left side of the thyroid gland was chiefly enlarged, contrary to the rule. Under the belief that the disease was of a nervous character, rather than the manifestation of chlorosis, no iron was given, but a general tonic treatment was adopted, which the result seems to have justified.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.

BY WM. WARREN GREENE, M.D., SECRETARY.

[Concluded from page 534, vol. lxxvi.]

Sciatica.—Dr. Root reported the case. A man, upwards of 50, was attacked, after exposure to cold and wet, with sciatica, which did not yield to the ordinary remedies. The hypodermic injection of one sixth of a grain of morphia restored warmth to the limb and entirely relieved the pain in twenty minutes. It returned, however, in about sixteen hours. The injection was repeated five or six times, with the same results. A solution of atropia, two grains to the ounce, was then employed, of which about twenty drops were injected. This was nearly twice as much as intended to be used, the peculiar shape of the vial rendering the drops large. The relief from pain was not quite so prompt as from the morphia, but was complete, being preceded and accompanied by well-marked constitutional symptoms which are peculiar to belladonna poisoning. There was no recurrence of the pain.

Spontaneous Amputation.—Dr. Collins exhibited a boy who had mortification of the foot and lower part of the leg as a sequel to typhoid fever, in whom spontaneous amputation was allowed to take place, as the friends would not suffer an operation. The process occupied about two months. The stump was a miserable, ill-shaped, unsightly affair, to which it would be impossible to fit an artificial limb, and was a sufficient commentary upon Nature's trustworthiness as an operative surgeon.

Senile Gangrene.—Dr. Pitcher, of Hudson, N. Y., reported a case of senile gangrene of the foot and lower third of the leg occurring in a lady 79 years old. There was no line of demarcation, yet amputation was performed, and the patient got well.

He also referred to a colored family, every one of whose six or seven members had a hæmorrhagic diathesis. The least cut was followed by profuse hæmorrhage, and they were subject to most alarming attacks of epistaxis, which, if not interfered with, were sufficient to produce syncope. These he was in the habit of controlling readily by the internal administration of belladonna.

Vesico-colonic Fistula.—Dr. ROOT reported the case of a medical man, who, in 1840, began to suffer more or less pain in micturition, and occasionally passed small quantities of gas with the urine. This was accounted for by his physician upon the supposition that it was caused by some of the urinary ingredients; but soon after he passed strawberry seeds through the urethra, thus demonstrating the existence of vesico-intestinal communication at some point. Upon rectal exploration, one point was found which was thought to be the fistula, and closed by silver sutures. Still the difficulty continued, becoming more and more aggravated, fæcal matter passing *per urethram* in considerable quantities, with intense suffering. The rectum was carefully and repeatedly explored by various of the most eminent surgeons in the country, and by one and another of them other points were pared and united, upon the supposition that they were the openings. It is worthy of remark, however, that at no time was an instrument ever known to be carried through one of the supposed openings into the bladder or urethra, to demonstrate positively that what was supposed to be a fistula might not have been a little pocket of the mucous membrane. He was extremely intolerant of examinations, and would never through all his life allow a sound to be introduced into the bladder, nor would he ever take an anæsthetic. In spite of all treatment the malady persisted, varying much at different times; sometimes so frequent and large were the discharges from the bladder as to deprive him of all rest by night and day, he being employed much of the time in injecting the urethra with warm water to soften the fæcal matter; and at other times, especially when the bowels were constipated, he would have seasons of comparative comfort. At last, after twenty-six years of such suffering as rarely falls to the lot of a human being, while laboring under a violent exacerbation of the disease he put an end to his life.

The autopsy revealed firm, well-organized adhesion of the lower portion of the colon to the fundus of the bladder, and in the centre of it a smooth circular opening of communication between the two cavities as large as a large goose-quill. The bladder was much contracted, and its mucous coat thickened and indurated. At no other point on its surface, nor along the urethra, were there any evidences of there having been any communication with the rectum, nor was there any such indication presented upon a careful dissection of the connective tissue between the two organs.

Peculiarity of Heart Sounds in Pneumo-hydrothorax.—Dr. GREENE said he had recently seen a patient whose left pleural cavity contained a large amount of liquid and air, in which the heart sounds had a peculiar metallic ring that he had never heard before. They resembled almost precisely the *ringing* tick of some brass clocks. Dr. Paddock, whose case it was, recognized the same peculiarity. It was most distinctly marked when auscultating posteriorly.

Prof. A. B. PALMER said he had noticed, in one or two cases, a similar character of sound.

Pulmonary Carnification.—Prof. PALMER reported the case of a medical student who had had within a few years repeated attacks of bronchitis and pleuro-pneumonia, which left him weak and with feeble respiration in the intervals. His last attack was acute pneumonia, involving first the left lung, soon extending to the right, and of which he died in two weeks. An autopsy revealed extensive pleuritic adhesions of both sides, and in both lungs very extensive obliteration of the air-cells and *bronchioles* by the infiltration in and around them of lymph, which was firmly *organized*, constituting a sort of carnification. There were no traces of tubercles anywhere.

Ovarian Cyst complicated with Hepatic Abscess and Fistula.—Prof. PALMER also related the following. A maiden lady, aged 40, noticed an increase in the size of the abdomen fifteen years ago. Dr. P. saw her a year ago, with an immense belly. She was then having frequent attacks of vomiting and diarrhœa, in which the matters discharged both from the stomach and bowels were purulent and bilious. She expressed herself as much relieved by this clearance of the gastro-intestinal canal. There was a fistulous opening over the ninth rib on the right side, which discharged a small amount of pus.

Upon tapping, five gallons of serous fluid was removed, after which the abdomen was perfectly flat, and upon careful examination no abnormal growth could be discovered. A few months later she took cold, and again the abdomen enlarged. She was again tapped, and but little fluid obtained. Gastro-intestinal irritation, hectic fever and emaciation supervened, and she gradually sank and died.

Upon opening the abdomen, it was found completely filled by a single cyst arising from the left ovary, and firmly adherent to the liver, which it had crowded upward, and *with a cavity with which it communicated. The hepatic abscess communicated also* with the air through the fistulous opening over the ninth rib. In the bottom of the cyst there was a pint of pus.

Encephaloid Cicatrix.—Dr. FROTHINGHAM had a patient, 35 years old, who had a large scar between the shoulders, the result of a burn when a child. For eleven years little livid, tolerably firm growths had often made their appearance, which she or her friends had removed when small by ligature. In one instance, this was omitted until the tumor got too large, and Dr. F. was consulted. The tumor was as large as an orange, livid, soft, and internally of brain-like structure. Under the microscope, the cells peculiar to such growths were seen.

Peritonitis.—Dr. ADAMS had an ascitic patient, a lady, who had never had acute peritonitis, and who died of cerebral effusion. Upon opening the abdomen *post mortem*, numerous bands of well-organized lymph were found, which were remarkable for their size. One ovary contained small cysts, in which were found locks of hair.

Cholera.—Dr. BABBITT reported seven cases of cholera, occurring in one of the small manufacturing villages of North Adams. Five died, 2 recovered. When called, found them all in a state of collapse, pulseless, cold, clammy skin, profuse colorless evacuations, and severe cramps. The cases, all of which occurred within sixty hours of one another, were all alike essentially except in degree. In the fatal ones, death occurred within twenty-four hours from the collapse. In each instance the collapse had been preceded by diarrhœa. *Treatment.* Externally, warmth to the extremities and sinapisms to the epigastrium. Internally, opium and diffusible stimulants. No local cause could be discovered.

Backward and outward Dislocation of the Radius and Ulna of five *and a half Months' standing.*—Dr. Greene reported the case, occurring in a boy 8 years old. The luxation was successfully reduced.

He also exhibited a *sacculated tunica vaginalis testis*, which was removed from a man aged 55, who had a large hydrocele. The membrane was much thickened, and the lower half of the sac intersected in various directions by fibrous bands and membranous processes, one of which formed an entirely distinctly compartment. The epididymis was the seat of cystic disease, and the testis was therefore removed. About four ounces of fluid occupied the sac of the opposite side, which was evacuated by a free incision, and the wound left open to heal by granulation. Dr. G. said that latterly he operated in this manner altogether in preference to the treatment by injection. He accounted for the uncertainty of the latter mode of operating from the fact that in chronic cases the membrane had oftentimes undergone so much organic change as to resist the action of the iodine. Where any portions of the tissue were excessively thickened these were removed.

Addison's Disease.—Dr. Lawton reported the case of a man, 35 years old, who had for several years complained of dyspeptic symptoms and general debility. He had practised masturbation to some extent, and was melancholy. For three months previous to his death he had a dry cough, which became loose in the last weeks of his illness. Expectoration purulent. He grew gradually weaker, and at last died suddenly.

The autopsy, made by Dr. L. and Drs. Smith and Paddock, revealed tubercles in both lungs, which in the right had softened, forming three small abscesses. On this side were firm pleuritic adhesions, the result of an old pleurisy. Heart much smaller than usual, with imperfect valvular development, causing insufficiency. The right side filled with a firm, white, *organized* clot. Kidneys a little larger than normal, and preternaturally firm. The supra-renal capsules were much enlarged and filled with a yellowish cheesy deposit. His skin was not "bronzed," although unnaturally dark.

Vomiting in Pregnancy; Death.—Dr. Duncan reported a case of obstinate vomiting in the latter months of gestation. The various remedies employed had very little effect, but by rigid abstinence the patient was relieved for two or three weeks. Five days previous to her labor, however, the vomiting returned, and was not controlled, even after delivery, which was easily and naturally accomplished. A short time before her death, which occurred within a week from her confinement, the vomited matters presented a coffee-ground appearance, and she died from exhaustion.

At the autopsy, a small opening, about a line in diameter, was discovered passing through the mucous and muscular coats, between the latter of which and the peritoneal was a minute thrombus. This Dr. Duncan considered sufficient to account for the symptoms and death. The specimen was shown, and presented to the College Museum.

Mulberry Calculus.—Dr. Greene presented a mulberry calculus, which he removed by the lateral operation from a little boy, 8 years old, from North Adams. The stone was impacted in the anterior wall of the bladder, and some difficulty was experienced in dislodging it from its bed. Precisely one year previous to this operation, Dr. G. had removed a similar calculus from a boy 5 years old, from the same town. The water in that locality is impregnated with lime. Both patients made rapid and perfect recoveries.

Bibliographical Notices.

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The simple fact that this work, whose title we have given at length, comes before the world with the sanction and authority of the International Sanitary Conference, and is the embodiment of their deliberate judgment, arrived at after a long and laborious discussion and interchange of opinions, is enough to entitle it to confidence. But beyond this it bears within itself internal evidence of having been the result of an exhaustive consideration of the particular questions submitted to the Commission; and, corroborated as its conclusions have been by the history of the disease subsequent to the time when the report was made, it must stand as the text-book of whoever wishes to learn what cholera is, how it originates, and by what means it has been carried to every quarter of the habitable globe. The professional and indeed the whole community is under the greatest obligations to this Commission, who have thus collected and placed in order the scattered facts which have heretofore only seemed to cause angry discussion, for want of some plan which should bring them together and give them the strength of cumulative evidence. We need only say, with reference to the matter, that it is a work which every one who assumes to give an opinion on cholera, or who desires to study it in all its relations, both to science and the community at large, should carefully and thoughtfully read.

The translator's part has been most admirably performed, and its local interest is increased by its dedication to the memory of Dr. Wm. E. Townsend, through whose kindness the only copy of the original report, so far as can be ascertained, which came to this country, was placed at the disposal of the translator. As a specimen of typography, it will bear comparison with the very best, and the Messrs. Mudge & Son deserve to be congratulated upon the accuracy and excellence of their work. *

[A venerated friend has sent us the following letter on the subject of the above notice, with the request that it might be published. He must excuse us for striking out some passages of an exclusively personal nature.]

This is the *very best* work I have read on cholera. You know I am no *contagionist*, but I have sincere respect for the wise and true who are so. I cannot go with Snow, who tells us that a cook who has just washed out linen in which a cholera patient has died, and who without washing her hands and arms should mix bread or cake, would give the eater cholera, but with an English reviewer would call the said Snow a "nasty fellow"!

But to your book. I read it *clean* through at a reading, dreadfully defacing its good margins with pencil marks. But why have I read it with so much pleasure? Because of its *clearness*, its simplicity, its truth. It tells its story so clearly that, to quote Scripture, "the wayfaring man, though a fool, need not err therein." How truly do I thank that Commission for its honest, noble truth. Some differed, and said so in the detail; but as a whole, on the final vote, all voted for it.

In says that in 1817 cholera for the first time became endemic in Calcutta. But it forgot to say that it did not strike Europe and the United States till 1832. But in all these intervening years Calcutta was in the closest commercial connection with Europe and America. Troops, with the clothes they *died* in, were daily conveyed home, or rather their clothes, and these were duly washed there, but no cholera appeared. Goods of all kinds were constantly shipped and carried to every seaport in Europe and America, but no cholera. For *fifteen* years not a case of cholera! I said I regretted that the Commission forgot to give these facts. Everything it does give has a stamp of truth upon it, which in the fullest sense shows that it was from carelessness or forgetfulness that it has omitted these important facts. Where did it first appear? If memory serve, at Hamburgh in Germany, at Sunderland on Wear in England, and at New York in America. From these places it spread over the two continents.

Is it not a singular fact in the history of cholera that it did not appear in Calcutta before 1817? It was at home in India years and years before. And why at last in Calcutta? An acquaintance, who had as a member of an American firm lived seven years in Calcutta during the cholera, gave me the history of that great city. I say great, for its population was 800,000 always, and reached a *million* yearly, by the merchants and religious orders who annually visited it. What was and is its history? It has no *burial* place; the dead are every morning thrown naked into the Hoogley, a branch of the Ganges, a holy river, and which is regarded as the highway to Heaven! Calcutta has no *drains, sewers* or *privies*. Every family has one or more barrels, in which is put every sort of filth, human and other, and the contents of which are early every morning thrown into the Hoogley, a fresh water river. Calcutta has no wells. "What, Sir," said I, "do the people drink?" "The Hoogley water," said he. "What is the character of the water?" "Excellent!" said my neighbor. "We throw a lump of alum into every barrel, and the water becomes perfectly sweet and pure!"

Recollect, please, that the cholera always exists in India, is indigenous; yet it was never epidemic in Calcutta till 1817! Is not this a most extraordinary fact in our history? You may say that living always in a cholera atmosphere an *immunity* was produced which prevented an epidemic predisposition. Why, then, did it wait to become epidemic in 1817? The laws of nature are like those of the Medes and Persians, or *Prussians*, as an old lady of my acquaintance used to say, "and alter not."

The Commission alludes to one fact in the history which attracted my attention years since, and which has place in a long paper or cholera which I wrote some time ago, viz., "cholera specially affects *fresh-water* localities." The Hoogley is a fresh-water river. How stands this statement with regard to cholera in Europe? Precisely the same as is the case in India. London is on the Thames, a fresh-water river. I have stood on one of its bridges at low water, and never did I see a more filthy, loathsome river bottom. Other rivers in England on the banks of which are large cities are as foul as the Thames. I see in the papers that Parliament has under consideration a most important sanitary subject, viz., the means of supplying cities with purer water. The Commission distinctly refers to this subject, and states the causes of the unwholesomeness of lake and river waters, viz., the decayed vegetable and other matters which fall into them from the growths on their banks and which ooze from the soil around.

How strong is the evidence that cholera especially affects fresh-water localities! America abundantly proves it. Look for a moment at the places in America which suffered from cholera. Philadelphia, with the Schuylkill on one side and the Delaware on the other. New York, with the Hudson and East Rivers, &c. &c. Look at Paris, with the Seine running through it. St. Petersburgh, with its rapid Neva. In this last-named city cholera was most fatal. Merchants in the Royal Exchange fell dead, and so frequent was this that Nicholas had rooms set apart in the Exchange, with physicians and nurses always on hand to attend those who might be attacked by cholera. Nicholas did more. He had hospitals opened in many parts of the city, with physicians and nurses attached. And more—Nicholas would leave Peterhoff, his summer residence, in the night, and go to St. Petersburgh, twenty miles, and visit these hospitals and learn what was their condition.

* * * * * * If memory serve, England was first attacked at Sunderland on Wear, a large manufacturing city, situated on a fresh-water river.

Boston, the capital of Massachusetts, is almost surrounded by salt water. It is above three miles in length, and one mile in breadth. It formerly had three hills. Two of them have been removed. Much care has been taken to keep it clean. Its sewerage its excellent. It is supplied with water from Lake Cochituate, about twenty miles from the city. Its present population is about 200,000.

In relation to cholera visitations, I have, by the politeness of the City Registrar, Nicholas A. Apollonio, Esq., obtained the following cholera statistics :—

Date.	*Population.*	*Deaths.*
1832	66,754	78
1849	131,650	611
1850	130,881	1
1851	149,508	5
1854	151,976	261
	627,729	956

Remarks.—The great majority of these deaths was among the poor, wretched, careless livers of the place, dwellers in its north and south divisions. Temporary hospitals were built at the recommendation of the late Dr. J. Greely Stevenson, one of the most honored and beloved of our citizens. In one of these hospitals I saw a dead man—young and of very striking muscular development. The *rigor mortis* remained in its most remarkable form. The attending physician asked me to step in and see this man. Upon striking with the edge of the hand upon the muscles, the limbs were thrown into most violent contractions, viz., the arms when the biceps was struck; the legs when the gastrocnemius muscles were struck; the legs were thrown into most violent action. The man seemed to be alive.

Some time ago, an English journal gave an account of *one*, I think *two* cases of bodies which had died of cholera, and which were about to be buried. As a preparation, cold water was thrown upon the bodies from a height. Universal muscular action followed. At length the chest was seen to heave, under strong action of the pectoral muscles; then respiration began, and life was fully restored. In one case I am sure recovery took place, and I think in two.

In 1850, there was but one death in Boston. Mrs. ——, living in Mount Vernon St., one of the most healthful of all our city residences, ate some strawberries one Sunday evening. In the night she suddenly became very ill, and her physician, the late Dr. John C. Warren, was immediately called. Medication gave no relief, and death occurred the next day. This was unquestionably a case of cholera, and was reported as such to the City Registrar.

Some years after this the following case occurred, and no other one. ——, living on Mount Vernon St., had driven into the country, returned in the evening, called on a friend at the Tremont House, and went home in most perfect health. He went to bed at his usual hour. He had been in bed but a short time, when he was called up in a most violent manner to evacuate his bowels. The quantity passed was enormous, and he took his candle—he always sleeps with one—and examined the water-closet. To his great surprise he found the vessel filled with a liquid of the precise color of milk and water, or rice-water. He was soon after seized with a nausea, unparalleled by any in his life, and vomited a very large quantity of a dark, almost black, soft solid matter, of an odor unlike any ever experienced by him, and nauseous to an unparalleled degree. He with difficulty reached his bed, and, as soon as his family were roused, sent to Dr. ——, his family physician, who at once prescribed medicine. No return of vomiting or purging occurred. On the third day from the attack urine returned, and convalescence gradually occurred.

A question arises—What was this disease? A symptom is omitted—a very slow pulse [no cramps.—Eds.]. It certainly had some of the elements of cholera—the rice-water discharge, and absence of urine. His physician regarded it as a clear case of cholera, with some of its gravest symptoms absent.

The writer, in his inquiry after the occurrence of cholera, and its connection with *place*, has heard from a few of its visits elsewhere. For instance, Newport, in Rhode Island. It had about 10,000 inhabitants, is surrounded by the Atlantic ocean, and is probably one of the most healthful of places. The cholera occurred there, and some deaths happened. One case occurred which was regarded as an exception to the rule of its non-contagious character. A child was ill. A nurse was sent for, who had recently nursed a fatal case of cholera. The nurse came. The child was attacked with cholera and died.

Providence had cholera. This city is situated at the head of the tide-waters of Narraganset Bay, about thirty miles from the Atlantic ocean. Its shores are thus washed by salt water. Cholera occurred. It was confined to a hill on the outskirts of the city. Its inhabitants were in the most wretched condition of poverty and filth. The houses were wretched. Hogs were kept in the cellars. The privies were full to overflowing. Near these abodes was a pond. Evaporation by the sun's heat had reduced it one half, and the remaining water was putrid. These people were attended by the best physicians of the city. Dr. Snow, the City Registrar, was most faithful to his duties. The clergy, many of them Catholics, with their accustomed and honored fidelity to duty, fearlessly visited these wretched people. Everything was done for their relief, but with only the smallest success. Now the question may arise, did not these clergymen and physicians carry cholera into the city? The Registrar's report states that a very few had cholera, and most of these occurred among the few blacks in the city. The number of inhabitants in Providence proper was between 40,000 and 50,000.

The writer met in the street one day a physician from Bangor, in the State of Maine, and asked him if cholera had reached that remote town. The Doctor said, "Yes." "What was the number of deaths?" "Only two or three," said he. The writer remarked that that was a small number, as Bangor was surrounded with *fresh water*. "You are mistaken, Sir," he replied, "Bangor lies on the Penobscot River, which is salt at that place."

The Conference shows the effects of situation on febrile and other diseases. Humboldt and Lord Wellington have similar views—the first as a traveller, the second as a warrior. The latter says, whenever his Indian armies were attacked with fever, he marched them up hill with perfect success. In the Registration of Englaud, altitude in its effect on disease is very admirably shown by diagrams indicating the effects of various elevations. If memory serve, one hundred and fifty to two hundred feet elevation is quite enough to prevent diseases connected with position.

The Conference speaks of granitic formation as preventing cholera. Some years ago, speaking with a friend on this subject, he said that that formation had doubtless an agency in preventing the existence of cholera.

There is one subject treated by the Conference of the utmost importance—I mean *immunity*. If the report contained nothing else, I should welcome it as a most valuable document. It is most simple in its philosophy, and most important in its effects. It is the surest preventive of *fear*, and beautifully teaches how this immunity may be the blessing of all. W. C.

The Fifteenth Annual Meeting of the American Pharmaceutical Association will be held in New York on the second Tuesday in September (10th), in 1867.

Rush County, Indiana, has a population of 40,000, and has not within its borders a single irregular practitioner. This fact is creditable alike to the physicians practising there and to the inhabitants.

Of 387 matriculants of the Breslau University, 126 had normal vision, and 230 (or two thirds) were short-sighted, the remaining 31 having some other anomaly of vision.

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THE TURKISH OR ROMAN BATH.

We desire to say at the outset, that we have never been inside of a Turkish bath anywhere, and therefore what we have to say has no reference whatever to any bathing establishments in this city.

There are not wanting books of travel and descriptive treatises to put us in possession of the facts relating to the Thermæ, the Balneæ and the Hamâm; and as the so-called Turkish Bath, or Hamâm, has latterly come much into vogue in England, and is beginning to be imitated in this country, a brief review of the subject seems to us not inappropriate.

A writer in one of last year's numbers of the *British and Foreign Medico-Chirurgical Review* speaks of the bathing or rather sweating process lately introduced into England by Mr. Urquhart as improperly called the "Turkish Bath," because in the latter, hot vapor is used, while in Mr. Urquhart's arrangement the principal agent is heated air. But, it is stated by others that the amount of vapor in the Turkish bath is inconsiderable; that what there is diminishes the amount of sweating—is an imperfection; a portion of what is taken for perspiration being merely the condensation of the vapor on the surface of the body. The essential things in both the Turkish and the Roman baths are the production of profuse perspiration by heat, together with certain frictions and manipulations. The subsidiary conditions in them are not materially different. In the Roman bath there was hot air, with, if any, but a slight amount of vapor intermingled; in the Turkish there is, if more, still an inconsiderable addition of moisture; in Mr. Urquhart's process, dry air is said to be used. In all three the result obtained is the same, viz., sweating. Although it is claimed that the arrangement now used in England is conformed to the Roman system, the former has, at all events, got the name of the Turkish bath.

The earliest remains of ancient baths which have been found are, or were, at Baalbec. From Phœnicia the knowledge of them spread east and west, and especially to Greece, in which country they became celebrated for their magnificence. There, some of them were annexed to the Gymnasia or Palæstra, while others were for the use of the public. In Athens and Sparta they, together with athletic games, were provided for the people by the heads of government, who would have considered themselves wanting in their duty if they had not made such provision.

But in Rome, and until the seat of government was transferred to Constantinople, the *balneæ** were carried to such an extent and splendor that the *thermæ* of the ancients have received the generic term of the "Roman Bath." There were at one time in Rome no less than 850 balneæ or thermæ, among which were buildings that were masterpieces of architecture. The Baths of Caracalla were a mile in circumference, and yet they were surpassed in magnificence by those of Diocletian, which occupied 140,000 men many years in their construction. Remains of these favorite structures of the Romans have been found in many of the countries where that people extended their sway, not excepting "Britain." It was at the period of the greatest luxury and effeminacy of the nation that the bath was in its glory. A considerable portion of each day in the week was devoted to it; and it was the scene of much of the social intercourse and even gossip of the time. Though originally resorted to for the purpose of renewing the strength, or counteracting the effects of the nightly debauch, it became itself a luxurious diversion, and even a dissipation. When Christian manners took precedence of those of paganism in the West, the Roman bath fell into disuse, on account, as some suppose, of the excesses and immoralities connected with it. The Goths also, who overspread Western Europe, failed to adopt it. The Roman Imperial Government, however, lingered in the East, with Constantinople for its centre, for some centuries after the Western Emperors had yielded their power to other hands. When Byzantium and the Eastern Empire was conquered by the Turks, the victors, like the Goths in the West, found the *balneæ*, but, unlike the German invaders of Italy, they took possession of them, and retained them under the name of the *Hamâm*. The Mussulmans had been "the filthiest of mortals; they had even instituted filth by laws, and consecrated it by maxim. Yet, no sooner did they see the bath than they adopted it; made it a rule of their society, a necessary adjunct to every settlement; and Princes and Sultans endowed such institutions for the honor of their name." (Urquhart.)

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* *Balneæ*, public baths; *balneum*, private bath.

The Turkish Bath—the modern representative of the *thermæ* or *balneæ* of the ancients—has been described by Eastern travellers, but by none, perhaps, better than Mr. Urquhart, in his book entitled "The Pillars of Hercules," published in 1850. Dispensing with his glowing and almost Eastern rhetoric, we condense his description into the following account of the *Hamâm*. There are three essential apartments in which "the five acts of the drama" are performed. The first hall—*mustaby* or *apodyterium*, open to the outer air—is for the removing of the outer garments and the donning of the bathing apparel, and also for the closing act of the "drama." The middle chamber is the *tepidarium*, where the heat is moderate and the moisture slight. The inner hall—the *sudatorium*—is properly the *thermæ*, and there the highest temperature is provided, while the air is filled, not with dull and heavy steam, but with "a gauzy and mottled vapor." This vapor is obtained by throwing water on the hot floor, and its clearness comes from the equal temperature of the air and walls.

The first "act" consists of the "seasoning of the body," and is performed in the middle chamber, or *tepidarium*. The second act is the "manipulation of the muscles"; the third, "the peeling of the epidermis"; the fourth, the "soaping"; these three performances being conducted in the inner chamber—the *sudatorium*. The fifth act, or rather the closing tableau, occurs in the hall first entered—the apodyterium—where the patient is led to the "bed of repose," and is furnished with coffee, sherbet, and the pipe. A solid repast is sometimes taken here.

The "bathing dress" consists of three towels—one wrapped, as a turban, around the head; the second bound round the loins (the *præcinctorium* and *sub-*

ligaculum of the ancients); the third thrown over the shoulder like a scarf. While the patient is changing his linen, a cloth is held before him by two attendants, a scrupulous regard to decorum being observed during the entire sojourn in the establishment.

The "seasoning of the body" is accomplished by reclining for a time in the "tepidarium," where a delicate manipulation is undergone, which does not amount to shampooing. A boy kneels at the feet and chafes them, or behind the cushion of the patient, at times touching or tapping him on the neck, arm, or shoulder, in a manner which causes the perspiration to start. Coffee and pipes are served, and here conversation is carried on and acquaintances made.

Transferred to the "sudatorium," when the skin has been found to be in the proper state, the subject, now divested of all wrappings save the scarf about the loins, is laid upon his back, and undergoes the "manipulation of the muscles" by the *téllak (tractator* of the Romans), who "kneels at your side, and, bending over, gripes and presses your chest, arms and legs, passing from part to part like a bird shifting its place on a perch. He brings his whole weight on you with a jerk, follows the line of muscle with anatomical thumb, draws the open hand strongly over the surface, * * stands with his feet on the thighs and on the chest, and slips down the ribs, * * * putting an arm under the back, and, applying his chest to your crossed elbows, rolls on you across till you crack. * * * You are then raised for a moment to a sitting posture, and a contortion given to the small of the back with the knee, and a jerk to the neck by the two hands holding the temples."

The peeling of the epidermis, or the *shampooing*. The patient is seated on a board, with a copper cup to throw water, of such temperature as may be agreeable to him, over his person when it is wanted. "The *tellak* puts on the glove—it is of camel's hair, not the horrid thing recently brought forth in England. He stands over you; you bend down to him and he commences from the nape of the neck in long sweeps down the back, till he has started the skin; he coaxes it into rolls, keeping them in and up till within his hand they gather volume and length; he then successively strikes and brushes them away, and they fall right and left as if spilt from a dish of macaroni. The dead matter which will accumulate in a week forms, when dry, a ball of the size of the fist. I once collected it, and had it dried—it is like a ball of chalk: this is the purpose for which the *strigil* was used."

Hitherto no soap has touched the skin, as it would spoil the shampooing. But now the body is copiously soaped and washed twice, and finally has a bowl of hot water dashed over it. Hot, dry cloths are applied, and the patient returns to the outer hall, "shining like alabaster, fragrant as the cistus, sleek as satin, and soft as velvet." This first or outer hall—the "apodyterium"—corresponds to what was anciently called the *frigidarium*. Here the Romans practised the cold immersion. The Turks throw cold water on the feet only. But a boy drives cool air upon the partially cuticle-less subject with a fan, the object being to prevent the perspiration from breaking out anew.

Such is the Turkish bath, from which Mr. Urquhart has modelled the process he has introduced into England, except in so far as he has abolished the moisture from the hot air employed.

The process is obviously scarcely a *bath* at all, in the common acceptation of the word. It consists essentially in the production of profuse sweating, and in the removal of the outer layer of epidermis from a large portion of the body. According to Krause, quoted by Dalton, the whole number of perspiratory glands is not less than 2,300,000, and the average quantity of fluid lost in twenty-four hours by cutaneous perspiration, has been calculated to be nearly two pounds avoirdupois. When, therefore, such a powerful engine as the skin is stimulated to high pressure, it is evident that an important impression for good or evil must be produced upon the system. Add to this the denuding of the epidermis, a substance provided in the natural arrangement of the body, for some definite purpose undoubtedly, and we have in the Turkish bath an agent highly artificial as well as of great power.* The burden of proof rests upon those who recommend its employment. In consulting recent monographs upon the subject, we cannot help receiving some of them *cum grano salis*, so enthusiastic are they, almost to fanaticism. Other writers, we presume, are subject to the influence of a certain bias from a proprietary interest in establishments for conducting the process in question.

In addition to the exquisite pleasurable sensations, and the relief from fatigue produced by it, we would mention that the diseases which are said to be benefited by the hamâm take a wide range—from rheumatism to cutaneous affections; though their enumeration is accompanied with the usual disclaimer of an expectation to cure all the ills that flesh is heir to. Eminent names are also quoted as to benefit derived from it in this or that disorder. Thus, Sir Benjamin Brodie is quoted as declaring that "the hot-air baths are of great use in dyspeptic and gouty habits, and in those who lead inactive lives." But we have failed to meet with any well-earned clinical results deduced from the comparison of large numbers of cases. We think people should hesitate to use the remedy without the advice of of a physician, and that if medical men prescribe it they should do so tentatively and with discrimination. We believe, for instance, that some of the ill effects of a sudden chilling of the surface may be checked by the induction of profuse perspiration, and we suppose the latter may perhaps be brought about more pleasantly by the Turkish bath than by a "lamp bath" taken at home.

The hamâm has been proposed as a hygienic measure for persons of sedentary habits, on the ground that it is requisite for the skin to be thrown occasionally into violent action, to compensate for the want of the daily perspiration which is the privilege of him who earns his bread by the sweat of his brow. But we cannot help thinking that the student or the writer would more wisely seek the preservation of health by exercise in the gymnasium or in walking, together with the practice of those ablutions which good breeding prescribes.

As a luxury, or to counteract undue fatigue, we presume the Turkish bath may be indulged in, *once in a while*, with impunity, by those who are not suffering from debility. But we should say that the benefit of a weekly resort to it can hardly be inferred from the practice and present condition of so enervated a people as the Turks. Much less can we safely follow the example of the Romans in their days of effeminacy.

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* The "peeling of the epidermis" seems not always to be practised in the Anglo-Turkish bath.

The so-called "Black Death" has been identified by Irish observers with the "spotted fever or cerebro-spinal meningitis" of this country; with the "cerebro-spinal arachnitis" of the Irish work-houses in 1846; and the "epidemic cerebro-spinal meningitis" of the Continent. The term "malignant purpuric fever" has been assigned to it by Dr. Stokes. But we would suggest that this denomination is open to the same objection which lies against our old name "spotted fever," that in many cases there is no discoloration of the skin; and to the additional defect that the spots, when they do occur, are not always purpuric.

We believe that no one pathognomonic and constant symptom has been discovered, on which to base a suitable appellation. If it be proved that the disease does not consist primarily and essentially in meningeal inflammation, the designation proposed by Dr. Levick, of Philadelphia, viz., "cerebro-spinal fever," would seem to conform, as nearly as any which have been suggested, to the pathological condition.

Why they have Cholera in Kansas.—A writer in one of the Western papers explains the apparent anomaly of cholera raging on the open plains of Kansas, but sparing the crowded cities of the East. He says that the prairies are thronged with cattle and small animals that die in great numbers, with nothing but the buzzards to take care of their remains. Even in the villages and cities nobody ever thinks of covering such carcasses with a shovelful of earth, though the effluvia proceeding from them may be almost overpowering. * * * In addition to this, the Kansas people take little or no exercise with their feet; they take no pains to have pure water or enough of any kind, and consequently their clothes and premises are not clean.—*Boston Journal.*

Why the cholera spares "the crowded cities of the East" is hardly explained above, as there is yet filth enough in some of them. Cholera does not always go where there is uncleanliness, though where that condition does *not* exist, it has not, as we have lately said, prevailed in large measure. It remains to be seen, also, whether or not this portion of the continent be free from the disease as an epidemic this season—whether or not the wave of epidemic influence have passed over.

Dr. A. Cherneau says, "A certain *odor* of cholera still pursues us, but the scourge has passed by. There is no reason at present to fear that it will rage anew in our country [France], and yet the provincial journals are filled with discussions and memoirs on the subject."—*Union Médicale.*

The Committee on Insanity in England have just published their annual report, from which it results that the number of the insane in Great Britain at the commencement of the year 1867 was 49,082, being 15,081 more than at the same period of any of the preceding ten years. * * * Of this number, only ten in a hundred offer any hope of cure.—*Ibid.*

Le Montpellier Médicale announces six new operations for vesico-vaginal fistula by the American method—all followed by recovery. They were performed by Prof. Courty.

Another of the lights of modern surgery is extinguished. Sir William Lawrence died on the 8th of July, at the age of 84 years.

Confirmed.—We are pleased to notice among the recent confirmations by the Senate that of J. H. Baxter, U. S. Vols., late chief medical officer of the Provost Marshal General's Bureau, as assistant medical purveyor, U.S.A., with the rank of lieutenant-colonel. Dr. Baxter served with great credit during the entire war, and this mark of appreciation of his services by the Surgeon-General, Secretary of War, the President, and the unanimous voice of the Senate, must be peculiarly gratifying to his friends, and to the late surgeons of boards of enrollment throughout the United States. This promotion will not interfere with the completion of the medical report of the Provost Marshal General's Bureau, upon which Dr. Baxter is now engaged, in accordance with a resolution of Congress.

On the Production of Sexes.—M. Coste has been led to doubt the truth of the hypothesis, propounded by M. Thury, which supposes that every egg passes, during the period of its maturation, through two successive, but continuous, phases, during each of which it has a different sexual character. If fecundated in the first half, it would be a female; if in the latter, a male. From experiments on fowls, the author shows that the sexes are produced indifferently from eggs taken at the beginning, middle, or end of the laying. With regard to rabbits, M. Coste finds the same irregular result; in fact, altogether a larger number of males were born at the commencement of maturation. M. Thury's law is, therefore, not applicable to such mammals or to birds. The author is continuing his experiments to determine whether it holds good even in the bovine mammals, which M. Thury made the subject of his investigation.—*Annual of Scientific Discovery.*

Cause of the Redness in Inflammation.—Drs. Estor and St. Pierre (*Memoires de la Société de Biologie*, 1865) have made investigations on the pneumatology of the blood coursing through inflamed parts, as the foot of a dog seared with the actual cautery. They estimated the amount of oxygen present by treating the blood with carbonic oxide, as recommended by Bernard, and obtained the following results:—

Experiment.	*Inflamed Side.* Amount of O. in 100 parts of (venous) blood.	*Sound Side.* Amount of O. in 100 parts of (venous) blood.
1	6·01	2·41
2	6·04	2·40
3	4·74	2·36
4	3·60	2·40
5	4.80	2.40

They conclude from these and other experiments:—

1. That the venous blood returning from an inflamed part contains more oxygen than the sound side, the proportion being as 1 : 1·5 or 2·5.

2. That the venous blood of the inflamed side contains more carbonic acid; and—

3. That it is to the excess of oxygen in the venous blood, rendering it of brighter tint, that the increased redness of an inflamed part is due.—*Ibid.*

A new Anæsthetic.—We are glad to announce the introduction of a new anæsthetic, which, if further experience confirms the results hitherto obtained, promises to be of remarkable value. Dr. Protheroe Smith has been making some observations on the administration by inhalation of the tetrachloride of carbon ($C\,Cl_4$), of which we wait for a fuller account. In the meantime, from our own observation, we may state in favor of this agent, that it has a pleasant odor, somewhat resembling that of the quince. We understand that anæsthesia is rapidly produced by it (in some cases in the space of half a minute), that the condition appears to be easily sustained with or without entire loss of consciousness, and that the effects pass off very quickly. There is not usually, we learn, any excitement or struggling before anæsthesia supervenes, and its use is not followed by the sickness which is sometimes so troublesome a feature from the administration of chloroform. A point of great interest in relation to tetrachloride of carbon is the property which we are told it possesses of allaying pain from any cause. In a large number of instances it has been successfully employed for the relief of headache and dysmenorrhœal suffering. Dr. Protheroe Smith has found it of great value in inducing quiet and refreshing sleep. He has also employed it in midwifery, and finds that it removes pain without necessarily destroying consciousness or interfering apparently with the expulsive efforts of labor.—*London Lancet.*

It will be seen, by our advertising sheet, that the fifth edition of Dr. Parsons's "Physician for Ships" has just been published. Dr. Parsons's former experience as a Surgeon in the Navy, and his opportunities for observation and practice during so many succeeding years, are sufficient guarantees for the value of his work, and we have no doubt it is often found of great service in those numerous instances on shipboard where the aid of a physician cannot be obtained.

We are glad to state that a Venereal Department has been organized at the Boston Dispensary. It will go into operation next week, under the charge of Drs. Greenough and Monroe.

The Report of a commission of the International Sanitary Conference, noticed in this week's Journal, is for sale by Campbell, 18 Tremont St.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, August 3d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	41	37	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	52.5	55.5	108.0
Average corrected to increased population - - - -	00	00	119.08
Deaths of persons above 90 - - - - - - -	0	0	0

Notice.—Part LV. of Braithwaite's Retrospect was mailed from this office on the 2d inst to the members of the Massachusetts Medical Society who have paid their assessments fer the year 1867–68. Members who have paid and do not find the books at their postoffices, are requested to forward their vouchers to the Librarian, care of D. Clapp & Son, Medical and Surgical Journal Office, 334 Washington St., Boston.

The Title-page and Index of the last volume of the Journal will be sent to subscribers with the next issue.

Correction.—In last week's Journal, in Dr. Channing's paper on the treatment of pneumonia, after the recipe read "Take one pill, and one every six hours after. Recovery good; no ptyalism."

Pamphlets Received.—Report of the Board of Health to the Common Council of the City of Troy, N. Y.—Transactions of the Indiana State Medical Society at its 17th Annual Session, May, 1867.—Nineteenth Annual Catalogue and Report of the New England Female Medical College.—Report of the Commissioners of Emigration of the State of New York, for the year 1866.

Deaths in Boston for the week ending Saturday noon, August 3d, 78. Males, 41—Females, 37. Accident, 1—apoplexy, 1—disease of the brain, 2—inflammation of the brain, 1—inflammation of the bowels, 1—cancer, 2—canker, 1—cholera infantum, 15—cholera morbus, 1—consumption, 7—convulsions, 1—diarrhœa, 1—dropsy, 2—dropsy of the brain, 4—drowned, 1—dysentery, 6—epilepsy, 1—fever, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—congestion of the lungs, 1—inflammation of the lungs, 4—old age, 1—paralysis, 2—peritonitis, 1—premature birth, 2—smallpox, 1—syphilis, 1—uræmia, 2—unknown, 5.

Under 5 years of age, 40—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 8—above 60 years, 10. Born in the United States, 66—Ireland, 9—other places, 3.

THE

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CLINICAL MEDICINE:

An Address to the Students on the opening of the Clinical Course at Bahia, March 16, 1867.

By Dr. A. J. de Faria, Professor, &c.

[Translated for the Boston Medical and Surgical Journal from the Portuguese, in the *Gazeta Medica da Bahia*,* by B. E. Cotting, M.D., of Roxbury, Mass.]

Gentlemen,—Not long ago, a distinguished Professor at Strasbourg, Dr. Schutzenberger, began his course of clinical medicine in the following words:—" L'observation est la base de la médecine; toute œuvre pratique commence par l'observation du malade; parceque avant de songer aux remèdes, il faut connaitre et determiner le mal."

These words, repeated so often as to seem at first sight a mere commonplace in science, propound a gospel truth before which every conscientious spirit bends; and contain a dogma in practical medicine which ought to serve as a common bond for all those who aspire to clinical instruction.

Observation is the first condition of all positive progress; this is the great truth, which, as a sacred pledge, a traditional law, I come here to transmit to you to-day, the earnest of your clinical labors, anxiously desiring to infuse it into your thoughts, to photograph it upon your minds; for it, rather than I, must be your guide, your compass, in the difficult course you have to pursue—a course so difficult and trackless that the old and experienced often wander therefrom.

I open at the first page a golden work written by an honored master, the Clinical Lectures of Dr. Graves, a work much and often consulted by the illustrious Professor Trousseau, himself one of the chiefs of contemporaneous medicine, and, as he confesses, kept ever before him for constant inspiration, as it were his *Bible of practical medicine*; I open this precious work, and read upon its first page as follows:—

"You come here, gentlemen, to convert theoretical into practical knowledge; to observe the symptoms of diseases previously known to you only through the medium of books or lectures; to learn the art of recognizing these symptoms, and of appreciating their relative importance and value; to study their connection with morbid alterations of internal organs; and, finally, to become acquainted with the best method of relieving your patients, by the application of appropriate remedies."

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* This Address, translated primarily for a local Club, is communicated for the Boston Medical and Surgical Journal, in the belief that the profession here will be glad to know what their brethren in Brazil are doing, as well as the principles which guide their studies and practice.

These few words contain the whole essence of clinical instruction, and embrace your whole duties as clinical students.

For me, your teacher, there is an imperative duty, which I cannot escape—involving the dignity of my chair—a duty implied in the promise to guide you in the difficult work of the hospitals, of studying with you at the bedside of suffering the methods of examining the sick, of demonstrating to you practically the best way to obtain data necessary for forming diagnosis and prognosis, and thence the deduction of therapeutic indications. We must study together the vast and complicated organism which suffers, and learn to make out a true conception of the cause, seat and nature of the evil; and then accompanying the disease in its perturbed march, even to its termination, learn to form our judgment—to arrive at conclusions, in part fixed and certain, in part probable and approximate. For this clinical study science of to-day offers a greater number of aids, and more perfect, than was ever granted to our predecessors—as we witness in the pleximeter, the stethoscope, the ophthalmoscope, the laryngoscope, the microscope, and many others.

But barren and useless will be our work, and inglorious our mission, if, limited to a mere knowledge of the malady, this costly acquisition attains not the holy, noble, and humanitarian end of applying a remedy to the evil, of alleviating the unhappy patient in the pains of his malady, of neutralizing the germs of the disease, or of arresting it in its destructive course.

I would plead in favor of therapeutics, the gigantic work of so many ages, still incomplete; and I invoke for its perfection the incessant labor of all workers in science for the cause of humanity.

By this rapid sketch of clinical education you can judge what labor we have to surmount, what difficulties we have to struggle with; and more than this, what scientific acquisitions, gained in studying the different branches of medicine, the novice has need of to become habituated in the practical study of diseases. I agree, however, with M. Amédée Latour, that to become a medical practitioner it is not necessary to be a histologist like M. Robin, a physiologist like M. Bernard, a physicist like M. Gavarret, a chemist like M. Wurtz, and a pharmacien like M. Regnault, learned and eminent men in their several specialties; since all these departments of science united will not make a practical physician, inasmuch as clinical study cannot be dispensed with. In it alone are the essential elements of medical progress in observation and analysis.

I do not speak thus because I fear that you will be enticed aside in preparatory departments from the practical study of diseases, but because as an older navigator on a tempestuous and dangerous sea, I ought to point out to you the shoals and quicksands which threaten disaster and shipwreck.

How often the physician hesitates, embarrassed and perplexed, before the difficult problems of practice! And if one whose locks are whitened in long-continued study, and whose wisdom has been strengthened by experience and observation, often finds need of light to guide him in a difficult case, what must be the fate of the youth who enters upon the practice of medicine slothfully neglecting the means of fortifying himself against perplexities which often arise at the bedside of the sick, when action is called for, necessity urgent, and immense responsibility weighs upon the conscience!

The art of observing is not acquired in a short time. It is the work of a whole life, and must be commenced betimes.

It is only the daily visit at the hospital, the attendance at the dispensary, in seeing, interrogating, and examining the sick, that can enrich intelligence with the power to appreciate symptoms with promptitude and exactness, and to determine their diagnostic and prognostic value; conferring that certainty in observation which constitutes the diagnostic facility, medical judgment, and skill of an observer.

Unfortunately, gentlemen, our hospital does not as yet offer a very large field for extended observations. Unfortunately, it does not serve as an index of the sanitary condition of our city. Acute diseases are rarely seen in our infirmaries. Dropsy, paralysis, chronic rheumatism, phthisis, anæmia, malarial fevers, rare cutaneous affections, lesions of the heart and great vessels; such are the maladies which for the most part present themselves for our clinical study. The most interesting practical study of the mental affections, of late occupying the most eminent scientific men of Europe, is neglected by us because we have not that indispensable accompaniment of advanced civilization, a hospital for the insane, organized and conducted on those hygienic principles which modern science indicates and prescribes.

The *Casa de Misericordia*, still under heavy embarrassments, deserves less censure than praise for the little that has been done for the unfortunate insane. The good motives which have prompted its distinguished and praiseworthy corporation, since attention has been turned to the subject, merit the aid of government, on whom rests the imperative duty of watching over the unfortunate who are deprived of intelligence and reason.

Practical medicine amongst us seems now to be struggling out of the inertia, in which it lay petrified, to join the progressive movement of the age. A medical press in Bahia is no longer a chimera, but a tangible reality. We have a bimensual publication, the *Gazeta Medica*, where already are recorded interesting clinical facts, observed by our distinguished colleagues; facts which, thus circulating throughout the world, instead of sleeping the sleep of oblivion, transmit to other provinces of our Empire, to Europe, to North America, &c., an honorable and encouraging indication of what the medical faculty of Bahia, proclaiming its own self-existence, promises to add to the precious materials which day by day augment the invaluable aggregate of practical medicine.

And you, gentlemen, who form the coming medical generation, soon to take our places, and on whom will fall the glorious task of consolidating the grand enterprise we to-day hardly begin upon; you, who are neither wanting in intelligence nor intrepidity, do not for a moment forget that when pupilage is over you will enter society, which, confiding in your reception among the priesthood of science, will trust to your care that which it most values, the health, life, and honor of individuals and of the family; society, an austere and inexorable judge, which will condemn you to obscurity or moral death if you have belied your mission, but which will proclaim you angels of salvation, enrolling your names on the catalogue of illustrious men who deserve well of humanity, if, as I hope, you show yourselves worthy and devoted sons of our science, rendered so sublime by self-abnegation and sacrifice.

Listen to the promptings of conscience, and your choice cannot be doubtful.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 529, vol. lxxvi.]

Impetigo of the Face.

On the face, as well as in the scalp, the eruption presents various degrees of severity, being in some cases so mild as to require but temporary medical treatment, while in others it passes to an opposite extreme, and becomes chronic and troublesome for several months. It rarely attacks a child before the tenth or twelfth month, or even a little later. If neglected, it is apt to spread over quite a portion of the face; and the cheeks, the forehead, nose and chin are sometimes buried in a mass of incrustation, and the poor child is a piteous object to behold. Under these circumstances, the malady bears a strong resemblance to a case of confluent smallpox. The child suffers considerably at times from pruritus, the nails are applied to various points, and thus lacerations are produced and the disease thereby aggravated, as in eczema.

In mild cases the eruption commences on a small disc, and if it remains circumscribed for some time, the incrustation gradually increases in thickness and presents a rough, uneven and dark-brown surface, which projects from the base not unlike a crust of rupia.

Sometimes the disease is located about the commissures of the lips, and gives rise to small persistent sores; at other times it is seen occupying the alæ nasi, where it forms quite large deposits of crustaceous matter, which partially closes up the apertures and materially interferes with respiration, and the child is forced to breathe with its mouth wide open. The morbid action extends gradually to the cheeks on either side, and also upon the upper lip, which becomes much swollen, and there is great distortion of the features, giving to the countenance a most repulsive appearance. Occasionally it commences in the eyebrows, both of which are generally affected, and when situated in the latter region it may spread upon the forehead or eyelids and produce ophthalmia or a loss of the eyelashes. In nearly all cases as seen in young children, the head and face are the only regions attacked; we will therefore now pass to the consideration of the complaint as it is developed in the adult.

In persons of adult age impetigo very seldom appears on the scalp, but when it does, the matting of the hair renders it a more troublesome affection than when it occurs in young children. In the former class of subjects the inflammation is apt to be more acute and profound than in the latter; the incrustations also acquire greater thickness and occupy a more extensive portion of integument, sometimes covering the entire scalp. The constitutional symptoms are usually very light or entirely absent; and after the pustules have come to maturity and poured out their contents, the local symptoms gradually subside into a milder form. As the disease begins to decline, the incrustations cease to be formed or become thinner as each successive crop is produced; the redness, tumefaction, heat and pruritus gradually disappear, although the skin remains of a vivid red, and is tender for several weeks, and liable to be attacked by a fresh outbreak of the eruption. In some instances, the local applications that are injudiciously employed not only occasion a continuance of the malady, but greatly augment its severity and increase the difficulties in the way of cure. The topical use of arsenical and mercurial preparations of a too stimulating nature has been known to produce very serious injury, especially where the face has been the seat of the disease. Two instances of the kind have come within our knowledge. In the one, arsenic, in the other, corrosive sublimate was employed, and in both the deeper tissues of the skin were at once involved in a high degree of irritation and inflammation. Thickening and infiltration of the integument and subjacent cellular membrane took place to an alarming extent, together with enormous swelling of the neighboring lymphatic glands, and several months elapsed before the mischief thus induced could be repaired. Both patients were young men, and the eruption was on the face and neck, reaching from ear to ear.

In men, the face is the part most frequently affected. The eruption generally commences with a few pustules crowded together about the upper lip, the chin, or in front of the ears. These pustules occasion a slight itching sensation, but no other inconvenience. The patient pricks them, and they dry up without receiving or seemingly requiring further attention. But the portion of skin upon which they are developed remains red, hardened, thick and itchy; and quite soon a large crop of pustules appears, with an increase of the local disturbance. There are now considerable heat, smarting and burning sensations, which are felt over quite an area, and the morbid action spreads rapidly in all directions. Under these circumstances, the individual, instead of applying to a regular physician for advice, is quite as likely to procure some patented article from an irresponsible source and apply it to the face, which is thereby, in all probability, made very much worse. Such is the early history of very many cases of impetigo, which has, we think, got a bad name for obstinacy because it has so often been badly treated in its earliest days of development. In some cases, where no local applications are resorted to and the eruption is left to itself, the inflammation gradually subsides, and the affection passes into a chronic state and remains somewhat stationary for many weeks, when, provoked by some slight cause, it seems to acquire new life, and the morbid action is greater than ever. Several red patches, studded with pustules, spring up almost simultaneously and soon coalesce; and in this way it is not long before the eruption spreads over quite a large space. This process being repeated from time to time, nearly the whole of the face is at length covered by a succession of these characteristic pustules and the variegated incrustations to which they give rise. The latter present different shades of coloration and different degrees of thickness, according to their age and according to the amount of inflammatory action at the several points of attack. Some are very thick, dry, nearly amber-colored and friable; some are of less thickness, pasty, tinged with bloody serum, and very dark; while others are of a yellowish or greenish hue; and still others are met with that are perfectly white and conical in their shape. These latter are compared by Alibert to stalactites, and are usually seen on the eyelids, borders of the eyebrows, nose, &c. When the eruption has continued for a long period, all these different shades of color may be seen at the same time, and the diseased surface bears no little resemblance to a piece of mosaic work.

As the eruption advances towards a radical cure, these incrustations become gradually thinner and of lighter color, and correspond very much in appearance and structure to the laminated crusts of chronic eczema. They no longer adhere to the derma, but are shed, as numberless flakes or micaceous scales, and at this stage are entirely without moisture. Finally they cease to be reproduced, and a faintly red surface alone remains to indicate the former site of the malady. In some cases, when the inflammatory action is very intense, it culminates in the formation of several hard hypertrophous ridges of the skin, an inch or two in length and raised two or three lines above the surrounding integument. These resemble the cicatrices of a deep burn, or the thickening of the skin produced by the blending of the tubercles of Kelis cylindracea. These ridges often remain for some weeks. They rarely exhibit any tendency to ulceration, but are carried away by absorption. A case of this kind is now under our care.

Impetigo sometimes confines itself entirely to the upper lip and the mucous lining of the anterior nares. The scab is dense and adherent, making the individual look as if he wore a moustache. In other instances the lower lip is the only spot invaded by the malady, and here it remains for years unless properly treated. When the lips are the parts affected, the purulent discharge is very trifling in amount, but the patient experiences particular discomfort from the constant recurrence of deep transverse cracks which are liable to bleed whenever he laughs or eats; and at times the parts are covered with numerous filiform shreds of dry epithelium which prick the tongue, and the patient is continually tempted to pull them off. This variety of the eruption is commonly seen on young persons.

The legs and the thighs are often invaded with the disease under consideration. The form which is especially apt to attack these parts is termed impetigo scabida; a name first given by Willan. The pustules commence at some distance apart, and usually on the outer aspect of the limb. They burst in two or three days, shed their contents upon the surface, where they harden into thick yellowish brown incrustations which are continually moistened by the discharge that is poured out from beneath. In a little time, the exudation begins to diminish, and the scabs acquire more solidity and seem to be nearly ready to be detached from the derma; when, in all likelihood, a new crop of pustules appears here and there, the malady extends, and in time nearly the whole limb is encased in the thick, rough incrustations, which are cracked in numerous places and which give to the limb the appearance of the bark of a tree—hence the epithet *scabida.* The pruritus is very severe. Sometimes the eruption extends down to the ankle and along the foot, where the scabs are of immense thickness, wrinkled or fissured, and nearly black. There is infiltration of the subcutaneous structure, and the disease sometimes extends even to the nails, which are broken and loosened from their attachment, and the lunula is destroyed. Relapses are apt to recur, and the malady passes into a chronic state unless great care is taken to prevent it. We once saw a very extraordinary case of this kind produced by the injudicious employment of a strong ointment of the iodide of potassium for the cure of scabies on a young man. Nearly the entire surface of both thighs was encased in thick, dark colored incrustations.

Individuals are occasionally visited with repeated attacks of impetigo, in immediate succession, sometimes by a continuance of the original cause of the eruption, at other times in consequence of the use of remedies not well suited to the morbid condition of the affected parts. Again, in some instances the complaint returns periodically in the spring or autumn for several years in succession. All parts of the body and limbs are subject to the disease. The upper extremities, however, are usually exempt, unless the eruption has a syphilitic origin. In such cases, it is quite common to see large crops of pustules and thick, black incrustations nearly surrounding the elbow joint and the integument in its vicinity; and the disease under these circumstances always assumes a chronic form. The integument does not become very deeply infiltrated or thickened, but is more or less excoriated, yields a viscous, semi-purulent, or sanguineo-purulent secretion, which dries up into incrustations, and these incrustations often form a thick investment upon the part affected. Other concomitant circumstances and symptoms will sufficiently aid the judgment in arriving at a correct diagnosis in regard to this particular variety of impetigo. We mean the history of the case.

Hardy and Fox, both able writers, speak of a variety of the eruption which they term *impetigo acniforme*, characterized by the development in the beard of a number of little vesico-pustules, which are isolated, rounded, of transient duration, without any indurated base, and about the size of a pin's head. One may see eight, ten, or twelve appear at the same time on the lower part of the face, but always discreet and isolated. They last from three to five days, when they break and are replaced by crusts. There may be a succession of vesico-pustules and crusts, which prolong the disease for months and years. This variety of the disease is peculiarly difficult to cure. There is no induration of the cellular tissue, no parasite, no loss of hairs. To us it seems that the eruption is nearly identical with what is denominated by other writers, *eczema impetiginodes.*

The distinctive characters of impetigo in all its varieties are, small psydracious pustules, not at all, or only in the slightest degree, elevated above the surrounding skin; viscous, purulent secretion more or less abundant, and thick, yellowish-green, brown, greyish, honey-like or semi-transparent incrustations.

Eczema impetiginodes is a mixed form of eruption, in the commencement of which there is, as a general rule, vesiculation which is to be regarded as constituting the ordinary elementary type of the disease, although the discharge at a late day in the progress of the eruption becomes like that of impetigo.

If the chin is the affected locality, the disease may be confounded with sycosis. But in the latter, the pustules are larger and on a hard indurated base and are phlyzacious and discreet; the secretion is scanty, and in certain stages of the affection the presence of parasitic formations can frequently be detected under the microscope. The crusts in sycosis are not renewed when they are cast off; whereas the contrary is the fact in impetigo. As sycosis becomes chronic it generally exhibits little bald patches, from which the hair has dropped out; it usually affects the chin only and rarely occupies the sides of the face. In these particulars it differs from impetigo.

Impetigo is sometimes mistaken for scabies. It is true that as regards the choice of locality the two eruptions often resemble each other, in being situated usually upon the back of the hands, the fingers, about the elbows and the inner and front part of the thighs. In impetigo the eruption shows a disposition to heal in the centre, while the periphery of the diseased patch remains unchanged; scabies betrays no such tendency, and if it is situated on the hands we can generally discover two or three suspicious pustules near the wrist or along its inner border. These pustules like all others of scabies are more hemispherical, distinct and elevated than those of impetigo. If scabies is situated on the thigh, it simulates impetigo more nearly than it does elsewhere; but even here there need not be any doubt to a careful observer. If the disease is really scabies, the itching is more intense and urgent when the limb is exposed to the air or warmth, than is the case with impetigo. Besides, the eruption of scabies spreads with greater rapidity than impetigo. Moreover, the two eruptions have a very distinct and dissimilar history, which, if investigated, will sufficiently proclaim their individuality. We need not dwell here upon the presence of the acarus in the one and its absence in the other.

Impetigo is in most cases produced by constitutional causes. Among the young, it prevails chiefly in children that are poorly fed, poorly clothed, and live in badly ventilated and dirty apartments. In persons who are predisposed to cutaneous affections, very slight irritants will evoke the eruption. It is frequently developed on the face, hands and other portions of the skin in workers in iron, brass, silver, copper, &c. Taxidermists also, who make use of large quantities of arsenic in their occupation, occasionally suffer from this eruption on the hands, face and neck, and we have seen several instances of the eruption on the hands and fingers of individuals occupied in the manufacture of a certain modern style of bank notes familiarly known as "greenbacks." These greenbacks contain arsenic in their composition.

The prognosis is favorable. If the disease is treated judiciously it can generally be brought to an end without difficulty in a few weeks; but in very many instances the physician finds it impracticable to call into exercise all those hygienic aids and therapeutic measures which the case demands, and then it is apt to become chronic, tedious and extremely difficult to manage satisfactorily.

[To be concluded.]

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Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JUNE 10th.—*Imperforate Rectum.*—Dr. CABOT showed the specimen, which came from a mulatto child, which lived five days. No operation was attempted, as no intestine could be felt by the vagina, and it was decided not to do anything. The mother had previously lost a child two weeks old, which had passed nothing from its bowels during its life.

Drs. STORER and JACKSON said such cases occurred not infrequently in more than one child in the same family.

The specimen had been dried and mounted by Dr. C. B. PORTER, who furnished the following account of the *post-mortem* appearances:—

"Abdomen large and tense. Anus small, terminating in a cul-de-sac about three fourths of an inch long. Passing a director into the bladder, and the ring-finger into the vagina, the director could be felt separated from the finger only by the vesico-vaginal wall. At the tip of the finger and a little to the right of the median line, could be felt through the abdominal parietes a small, hard tumor, about the size of a small almond, evidently the uterus, the bladder having been evacuated through the groove of the director.

On opening the abdomen and viewing the viscera *in situ*, the bladder was normal in size and position, but the uterus was crowded to the right by the rectum, which was very much distended by flatus, as were all of the intestines. The rectum seemed to fill nearly the entire pelvic cavity, and was attached to all of the surrounding parts. On making an opening into the intestine just above the brim of the pelvis and passing a director downwards into the rectum, it was easily felt by the finger through the posterior wall of the vagina, and introducing a blow-pipe into the anus, the two instruments were felt in apposition with each other, separated only by the thin walls of the rectal and anal *cul-de-sac*.

There was very little meconium, the bowel being distended principally by flatus.

All the other viscera were well formed and in their proper positions, excepting the uterus, pushed to the right by the distended rectum.

The impossibility of detecting the rectal *cul-de-sac* by the finger in the vagina seemed to be owing to the bowel being distended principally by flatus, and being so easily compressed."

JUNE 24th.—*Case of Addison's Disease.*—Dr. MINOT showed the specimen.

The patient, a married woman, 40 years old, entered the Massachusetts General Hospital June 4th. She had always suffered from debility and palpitation, and occasionally from dyspepsia. Catamenia always regular, but scanty and painful. Three months ago the complexion began to grow brown, the face and hands changing color first, and then her body. There was no yellowness of the conjunctivæ. At the same time she became excessively weak, the prostration continuing to increase till her death. Three weeks ago she had nause and vomiting, which also continued, but there was no diarrhœa. Th face, neck, chest, abdomen and upper extremities were of a dark tint, contrasting strikingly with the legs and feet. The radial borders of the forearms, backs of hands, back of neck and shoulders, clavicular regions, axillæ, areolæ (she had never borne children), cheeks and forehead were much darker than the other parts. The most striking appearances were on each side of the neck, about the clavicles and on the front of the chest, which looked exactly as if they had been sprinkled with some dirty fluid. Front aspect of the neck and ears quite white. Groins hardly discolored. A slight patch below right knee. The patient was extremely prostrated, and had been in bed two weeks. She was unable to stand. Pulse 96, and extremely weak, at times hardly perceptible. The action of the heart was exceedingly feeble. Tongue clean. She complained chiefly of pain in the left side of the chest and epigastrium, and of inability to sleep. No change occurred in the symptoms, and early on the morning of the fourth day after her entrance, the house-pupil, who was called to her, found her dying. She died quietly at about 6 o'clock, A.M.

The brownish discoloration of the skin was somewhat less striking after death than before. At the autopsy, the only disease was found in the supra-renal capsules. The right was larger and more solid to the feel than usual. It was an inch and a half long and three fourths of an inch wide. On section, the whole organ presented an appearance like that of cheese, of a brownish-yellow color. The left capsule contained in its centre a nodule, about the size of a dried pea, of a similar character to the deposit in the right capsule, but of a somewhat lighter color.

Bibliographical Notices.

The Medical Use of Electricity, with special reference to General Electrization as a Tonic in Neuralgia, Rheumatism, Dyspepsia, Chorea, Paralysis, and other Affections associated with General Debility, with illustrative Cases. By George M. Beard, M.D., and A. D. Rockwell, M.D. New York: Wm. Wood & Co. 1867. 12mo., pp. 65.

We are pleased to see that electricity as a therapeutical agent is beginning to receive something of the attention which its great power entitles it to. Recently, two wards in the Vienna Hospital have been set apart for electro-therapeutical treatment. Heretofore the special application of electricity has been for the most part in the hands of charlatans, who oftentimes, accidentally as it were, wrought wonderful cures. The profession, while acknowledging it a powerful agent, have neither sufficiently investigated its nature, nor devoted that time and attention to its application which are necessary for success in its use. Indeed, it can hardly be expected that physicians in general practice can give it that attention which it demands. It was for this reason that the authors of the little book before us, encouraged by many of the leading physicians of New York, decided to devote themselves especially to the application of electricity and the careful study of its effects. This book, the first fruits of their labors, is a collection of articles originally published in the New York *Medical Record.*

After a brief explanation of terms and a passing notice of early investigations, they proceed to the practical uses of electricity, referring to the different currents, the proper method of application, the causes of failure, &c., and afterwards give their experience in the treatment of various affections. Under the head "What may be regarded as established in Electro-therapeutics," they state among other conclusions, that "galvanism and faradaisation are both of such positive value in paralytic, rheumatic and neuralgic affections that we are hardly justified in employing one to the exclusion of the other."

"The *ascending* faradaic current is especially indicated in local paralysis, anchylosis and plastic effusions.

"The *descending faradaic current thoroughly applied with the negative pole at the feet, is a tonic and corrective of far greater efficiency than any internal remedy known to science.*

"*Although paralysis is usually more benefited by electricity than by any system of internal medication, it is yet among the least tractable of the various diseases that present themselves for this method of treatment.*

"*The diseases which are found to yield most readily and surely to general electrization are neuralgia, dyspepsia, rheumatism of the subacute and chronic varieties, chronic bronchitis, constipation, amenorrhœa, anæmia, hysteria and general debility.*

"The electric streams are of great value in the diagnosis of disease, inasmuch as any deviation of any part from its normal sensitiveness to their influence is readily indicated. In this way we may learn where the disease is located, although we may not be able to determine its precise nature."

We would call particular attention to the list of diseases declared to be amenable to this method of treatment. We have no doubt many will raise their eyes from this paragraph with a smile. The fact is, medical men have become altogether too skeptical with regard to the effects of remedies. The science of therapeutics is too much neglected. Nature is given more than her share of the work of cure. It is well known among the profession that while the greatest advances have been mode in diagnosis in the past twenty-five years, there has been little progress in what may be called active treatment. We have learned properly to let certain diseases alone, but in consequence we have fallen into the habit of letting many alone, which, on the contrary, should have most decided treatment. As was remarked a short time since by a contemporary, almost the only remedies we hear recommended now are "quinine, iron and whiskey." It is due to our patients that this, to them at least very important branch of medical science, should not be so outrageously neglected, and we hope that the profession before passing judgment upon electricity as a therapeutic agent, will try it as thoroughly and faithfully as we know these gentlemen have done, and that this book will "induce others to enter upon the scientific study of general electrization."

We shall look forward with interest for the results of further experience at the authors' hands. K.

On Railway and other Injuries of the Nervous System. By John Eric Erichsen, F.R.C.S., &c. &c. Philadelphia: Henry C. Lea. 1867.

This is a most instructive and interesting monograph upon a class of affections which come under the cognizance of the family physician, as well as the consulting surgeon. The lesions treated of are mostly the result of railroad accidents, but sometimes occur from carriage-accidents, falls, or other violent concussions.

The book consists of six lectures. Lecture first is introductory; the second treats of effects of severe blows on the spine; the third is on concussion of the spine from slight injury; the fourth on concussion of the spine from general shock—twists and wrenches of the spine; the fifth sets forth the symptoms and pathology of concussion of the spine; the sixth the diagnosis, prognosis and treatment.

Thirtyfourth Annual Report of the Trustees and Superintendent of the State Lunatic Hospital at Worcester, Mass. October, 1866.

To meet the ever pressing demands for improvements which medical and sanitary science suggested, the Trustees, in years past, have found it necessary to make such repairs and permanent alterations in the halls, heating apparatus, and means of ventilation of the buildings of this hospital, as to incur a debt of fifteen or twenty thousand dollars. This debt has been carried from year to year by loans since 1855, with the hope that it might be paid from the surplus income of the institution. This hope has not been realized; and the Trustees, seeing no prospect of better times, financially, for years to come, asked the Legislature last year for an appropriation of fifteen thousand dollars, "to relieve them of the debt, and to place the hospital in a condition to dispense its beneficence to the largest number possible, consistent with proper care for the health, comfort and safety of its patients." The petition was not acted upon by the Legislature.

During the past year leave of absence was granted to the Superintendent, Dr. Merrick Bemis, for four months, and the charge of the hospital committed to the assistant physician, Dr. Joseph Draper, aided by Dr. John R. Lee, formerly assistant to the late Dr. Woodward. The affairs of the institution have been conducted to the entire satisfaction of the Trustees.

From the report of the Superintendent, we learn that the number of patients in the hospital Oct. 1, 1865, was 341—169 males and 172 females. There were admitted during the year, 289—163 males and 126 females. There were discharged, recovered, 89—42 males and 47 females; improved, 95—58 males and 37 females; not improved, 25—15 males and 10 females; died, 40—27 males and 13 females, leaving in the hospital Sept. 30, 1866, 381—190 males and 191 females.

The cause of death in thirteen was ascribed to diseases of the cerebro-spinal system—as paralysis, or epilepsy and apoplexy; in nine, to diseases affecting the circulation and respiration; in eight, to those diseases affecting the organs of assimilation; in two, to old age; and in eight, to influences which insanity directly exercised over their bodily health, terminating in exhaustion, with little if any secondary disease.

Since the opening of the hospital, in January, 1833, 7614 patients have been admitted, including re-admissions of course, the number of which is not stated. Of these, 3567 recovered; 1419 improved in health of body and mind, very many of whom have passed a long period of time in great comfort, and as useful members of society. The hospital has also been the means of giving a tolerable degree of health to many who did not fully recover, besides affording security, peace and comfort to a large and troubled household. "It has taken," the Doctor says, "from families and friends, from poor-houses and prisons, from the streets and by-ways, the sick and sorrowing, the violent and dangerous, the suicidal and homicidal, and has given back to society, in full possession of mental and physical health, more than fifty per cent. of all it received; relieving, though not curing, eighteen per cent more of the whole number committed to its care." And all this has been accomplished at a cost of not more than 175,000 dollars for State buildings, fixtures and land, and at an average of not more than one half year's support for each individual so returned.

With regard to the medical and moral treatment of patients, it is stated that occasional cathartics, tonics and a moderate supply of stimulants constitute the bulk of the materia medica for the former, and the latter consists of occupation, recreation, education and amusement.

Concerning the influence of disordered functions of the body on the mind, the Doctor remarks as follows:—"Humiliating it is, and must be, to admit the frailty of man to such a degree that a slightly overtasked stomach or a torpid condition of the bowels will cloud all his worldly prospects, render him dissatisfied with life and all its blessings, make him suspicious of his friends and jealous of his own household: but it cannot be denied; and the cure of that disordered state of the imagination, so often observed in this class of our patients, and their restoration to the best state of manhood, may often be brought about by the means directed to relieve the diseased state of the stomach and bowels, particularly if coupled with cheerful out-of-door exercise and pleasant companionship."

The employment of the patients has received considerable attention, and no kind of labor is found more beneficial to the male patients, in a majority of cases, or more useful to the hospital, than the cultivation of the farm and the care of the farm stock. The out-door exercise, the apparent freedom, the interest in the various operations, and the care of the animals, aid very much in restoring their minds to a normal condition. The female patients are sufficiently employed in the various household duties.

A plan has been previously suggested by Dr. Bemis, and repeated in this report, by which the buildings of the hospital can be removed, in portions, to a more favorable situation, and a new hospital erected from the materials, according to the most approved method of construction of the present day, and to sell the land of the present site, which is very valuable for other purposes. It is thought the change could be made with the funds so raised without much if any additional expense. It is also suggested to build a few plain cottages near by, capable of accommodating a family of eight or ten quiet patients; and also two or three houses of more style and pretension for a class of persons found in every hospital, where they could enjoy more liberty and privileges, and be under the care of experienced attendants, who would be induced to make the care of the insane a life business.

A further explanation of this subject, with new and improved plans for the care, custody and treatment of the insane of all classes, is promised. C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 15, 1867.

REPORT OF THE SURGEON-GENERAL ON EPIDEMIC CHOLERA IN THE UNITED STATES ARMY DURING 1866.

THIS document is a valuable contribution to the current history of the recent epidemic, and adds much weight to the constantly accumulating evidence in favor of the theories of the portability and communicability of the disease, and the great efficacy of hygienic measures and disinfecting agents in checking its indefinite extension. Military organizations, being composed of compact masses of men, under strict rule and surveillance, offer an especially favorable opportunity for the study of any epidemic; and the results of a systematic observation in such cases by a class of medical officers most competent for the duty, cannot fail to be worthy of the greatest respect. The compactness of such masses, depriving them of the advantage which civil communities enjoy of flying from the danger on its first approach, renders its assaults all the more serious; and when we take into account also the proverbial recklessness of habit of soldiers, we are not surprised to find that cholera when it appears among them is apt to number many victims.

Such we find to have been the case in the United States Army during the last six months of 1866; but, prepared as we were, by daily rumor, for a large bill of mortality from so fatal an epidemic, we must confess we hardly looked for so grave a statement as the statistics before us afford. In the words of the report, "Although the total number of cases is not very great, yet they bear so large a proportion to the number of troops exposed to the disease, and the circumstances attending the transmission of the epidemic from post to post are, in most instances, so well known, and of such significance in connection with the question of quarantine, that the history here presented appears well worthy of the attention of all interested in problems of public hygiene."

From the tables appended to the report, we learn "that out of a total mean strength of 12,780 men, there were 2,708 cases of cholera reported, and 1,207 deaths. Of these, there were 1,749 cases and 706 deaths out of a mean strength of 9,083 white troops; and 959 cases and 501 deaths out of a mean strength of 3,697 colored troops. The three summary tables show the prevalence of sickness and mortality among the troops exposed to the epidemic, expressed in the ratio of cases and deaths per 1,000 of mean strength, for cholera, diarrhœal diseases, and all other diseases, for each month, and for the six months. From these tables it will be seen that for the white troops, the number of cases of cholera reported during the six months was 192·6, with 77·7 deaths per 1,000 of strength. Of diarrhœal diseases there were 741·8 cases, and 7·5 deaths per 1,000; of all other diseases, 1328· cases, and 15·5 deaths per 1,000. For the colored troops the number of cases of cholera reported was 259·4, with 135·5 deaths per 1,000 of strength. Of diarrhœal diseases 574·5 cases, and 3·5 deaths per

1,000; of all other diseases, 833·9 cases, and 11·4 deaths per 1,000. The ratio of deaths to cases was as follows:—For cholera, 403·7 deaths per 1,000 cases, or one death to 2·5 cases among white troops; among colored troops, 522·4 deaths per 1,000 cases, or one death to 1·9 cases; so that somewhat less than half the white, and somewhat more than half the colored soldiers attacked with cholera died. For diarrhœal diseases the mortality was small, 10·1 deaths per 1,000 cases for white, and 6·1 per 1,000 for colored troops. For all other diseases the mortality was 11·7 per 1,000 cases for white, and 13·6 per 1,000 for colored troops."

The disease radiated from two principal centres—from Governor's Island, in New York Harbor, and from Newport Barracks, Kentucky. The first reported case occurred July 3d, on Governor's Island, in the person of a recruit who had been but three days at the post. He was from a recruiting rendezvous at Minneapolis, Minnesota, and nothing positive is known of his previous history or exposure; cholera was, however, prevailing in New York at the time. The disease was carried by recruits from Governor's Island to Hart's Island, where the epidemic was very severe. One case occurred at Fort Schuyler, in New York Harbor, in the person of a lieutenant who had slept on board the steamboat used the day before in transporting infected troops from Hart's to David's Island. The disease was carried by the troops to the southern coast. The steamship San Salvador, with 140 persons on board, "touched at Governor's Island and took on board 476 recruits for the seventh United States Infantry. The men lodged between decks, and were greatly over-crowded. On the second day out cholera appeared among the recruits, and when the vessel arrived at quarantine, near Savannah, Geo., three deaths had occurred, and there were 25 ill of the disease. The troops were landed on Tybee Island and a hospital extemporized. Cholera continued to prevail on the island during July and the first few days of August. Altogether there were 202 cases and 116 deaths, including 18 deserters, reported as having died in the woods of Tybee Island, and one who escaped from the island and died in the Whitemarsh Quarantine Hospital. The cabin passengers and crew of the San Salvador appear to have escaped, *but of the ten white citizens residing on Tybee Island, nine were seized with cholera shortly after the arrival of the infected ship and five died.* The tenth fled from the island, and is reported to have died of cholera somewhere in the interior of Georgia. No cases of cholera occurred among the troops stationed in Savannah." [The italics in the above are ours.—Ed.]

Want of space prevents our following this terrible epidemic from place to place, transported by the troops. The Surgeon-General's report shows that the infection spread by readily traceable steps subsequently "to Louisiana, by way of New Orleans; to Texas, by way of Galveston; to Louisville, Ky.; to Richmond, Va., and to La Virgin, Nicaragua Bay. From Richmond it was carried to Norfolk, Va.; from Louisville to Bowling Green, Ky. The probabilities appear to be that the disease was carried from New Orleans up the Mississippi river to various points on that stream, and west of it, and though the whole chain of evidence is not complete, yet there are a sufficient number of known cases of the transfer of the epidemic from one post to another in this region to put this view of the whole movement beyond reasonable doubt."

The disease was introduced into Newport Barracks, Ky., from the infected city of Cincinnati, on the opposite side of the Ohio River; and the report adds, "it is in evidence that it was carried thence to Augusta and Atlanta, Geo., to Nashville and Memphis, Tenn."

Unfortunately, no new light is afforded as to the efficacy of therapeutic agents by the report before us. At the same time it gives convincing evidence of the great importance and power of hygienic precautions in keeping this disease at bay. Thus, at Fort Delaware not a single case occurred in the garrison, although the disease was in its neighborhood for weeks, in its course completely encircling that post; a result justly attributed, we think, in the report, to the stringent hygienic precautions adopted by the post Surgeon, Dr. E. McClellan, U.S.A., who says in his statement in the Appendix, "I am very strongly of the opinion that, had not this island and the fortifications been placed in the very highest sanitary condition, and had not the most rigid quarantine been established, this command would in all probability have suffered severely from epidemic cholera during the past season. In this opinion I am joined by the line officers of the command who were on duty at the post prior to December, 1865."

The influence of the drinking water upon the prevalence of the disease was forcibly illustrated at various places, as it has been repeatedly in Europe. Among the troops in the vicinity of New Orleans it was found impossible to put a check upon it until the men were forcibly restrained from drinking the river water and compelled to use distilled or rain water instead, which was immediately followed by a marked diminution of the disease.

The Appendix of the report is made up of a number of statistical tables and extracts from the different reports of local commanders to the Surgeon-General, and contains a great deal of very interesting and valuable matter. We would particularly commend the concluding report, by Assistant Surgeon B. F. Craig, numbered XXIV., on Disinfectants and their Use in connection with Cholera, to the notice of those who, because they cannot hold up a contagious or infectious principle in a definite form before the eye, persistently ignore the demonstrations of modern chemistry in this important department of science, and still look upon the whole class of antiseptics and disinfectants as merely deodorizers. It contains very valuable directions for purification and disinfection in all cases where they are needed.

We cannot conclude our notice better than in the words of the report itself, which says:—"On the whole, it must be admitted that the general tenor of army experience, during 1866, is strongly in favor of quarantine, and especially points to the danger to the army incurred by the distribution of recruits or other bodies of men from infected points." And we see no reason for doubting that the same reasoning holds good for the whole community as well. The report, which is issued from the Surgeon-General's office, was drawn up by Brevet Lieut.-Col. J. J. Woodward, Assistant Surgeon U.S.A., and is worthy of the high scientific reputation of the author.

The Venereal Department of the Boston Dispensary.—In our last week's issue we briefly announced the organization of this department. In a city so well provided with charitable institutions as ours, it is somewhat remarkable that the urgent public want which it meets has been so tardily provided for. We no longer live in an age when the victims to this class of diseases can be turned aside and left to suffer as justly punished; but the time has come when their health must be regarded as an important item of political economy and hygiene.

In the language of a recent report accepted by the *Société Impériale de Médecine* of Lyons, "it is by millions of days' work that we must estimate the loss caused by these diseases to productive labor," and "in addition to the suffering which the innocent undergo through their relations with the guilty," says the same report, "syphilis, by corrupting the source of life, injures the whole human family; not only diminishing the increase of population by the sterility of its victims, but slowly and insidiously undermining the vigor of the race."

With our present prejudices we can hardly expect a full provision for this great evil, but the present step may be a pioneer in the right direction; and we think the managers of the Boston Dispensary have acted wisely and liberally in yielding to the expressed opinion of many of our leading physicians and surgeons. The venereal department is at the Central Office of the Dispensary, corner of Bennett and Ash Sts., and is in charge of Drs. W. F. Munroe, Physician to the 3d District, and F. B. Greenough. Men are received on Mondays and Thursdays, from 4 to 5, P.M.; women on Tuesdays and Fridays, from 4 to 5, P.M.

Death of M. Follin.—France has recently lost another of its leading medical men by the death of M. Follin, which took place on the 21st of May last, at the early age of 44. From the commencement of his career he gave promise of the highest eminence. In 1848 he received the gold medal which is annually given to the best pupil in the Paris hospitals. Soon after graduation, he received the appointment of Surgeon in the Paris hospitals and Assistant Professor in the Faculty of Medicine. For several years he had been one of the Editors of the *Archives de Médecine*, which stands in the front rank of French medical journals. He had been President of the Chirurgical Society in Paris, and recently published the first volume of a System of Surgery. He was a man of immense industry as well as ability, and a list of his numerous contributions to medical science covers six or eight pages of the *Archives*. His practice had become very extensive, but he was still a devoted student of science. He was generally regarded as destined to stand at the head of the department of surgery in France. He died of enlargement of the heart of a few months' duration; his death is universally deplored in Paris.

American Re-print of Anatomical Plates from the French of Bourgery and Jacob.—Messrs. Kellogg & Bulkley, of Hartford, Conn., have re-published twenty of these splendid anatomical plates, representing the full length human figure, half the size of life. We have not seen specimens of these plates, but if they compare at all favorably with the originals, as they are said to do, we know of none which we can commend so heartily to the attention of practitioners and students; the originals are unrivalled in the accuracy of their delineation and the beauty of their coloring.

We learn from the *St. Louis Medical Reporter* that the health of St. Louis continues to be good, no case of cholera having occurred during the present season. The restriction put upon the sale of *unripe* fruit and vegetables in that city meets with the approbation of all but interested dealers. As we understand it, the sale of vegetables and fruit in a condition suitable for food is not restricted.

Treatment of Venomous Bites.—Dr. James T. Newman reports, in the *Chicago Medical Journal*, three cases of rattlesnake bite, in one of which he administered during six hours the enormous quantity of thirty grains of morphia, one gallon of brandy, and four ounces of aqua ammoniæ. The patient had been bitten three hours when the treatment was commenced and was in great agony, enormously swollen, foaming at the mouth and convulsed. The first dose was five grains of morphia, followed in ten minutes by half a pint of brandy! Stramonium leaves were also applied as a fomentation. The remedies were continued at short intervals, with the addition of aqua ammoniæ, until the patient became quiet and fell into a gentle sleep, which lasted for some hours; he fully recovered. We should think in such a case anæsthesia by inhalation would be the most prompt and efficient remedy, aided, it might be, by the ingestion of stimulants.

We would call the attention of our readers to the following circular, hoping that each one will consider it as addressed personally to himself, and will do all in his power to aid the Committee on Medical Literature in making a complete report for the current year.

Cincinnati, June 5, 1867.

The undersigned were appointed at the last annual meeting of the American Medical Association, held in Cincinnati, a Committee on Medical Literature for the current year. The duties of this Committee are defined in the following regulations of the Association:—

"The Committee on Medical Literature shall prepare an annual report on the general character of the periodical medical publications of the United States with reference to the more important articles therein presented to the profession, on original medical publications, on medical compilations and compends by American writers, on medical reprints of foreign medical works; and on all such measures as may be deemed advisable for encouraging a national literature of our own."

Being desirous of making as full a report as possible, the Committee desire that you shall forward to the Chairman a copy of all medical books, pamphlets, essays, monographs, periodicals, reports, lectures, proceedings of societies, &c., that may be issued by you, as early as convenient after publication, that they may be brought to the notice of the profession.

These favors will be advantageous to publishers, and will facilitate the objects had in view by the appointment of the Committee, and greatly oblige,

Yours, respectfully,
Geo. Mendenhall, *Chairman.*
R. R. McIlvain, Geo. C. Blackman,
E. Williams, P. S. Connor.

Artificial Digestion.—Dr. W. Marcet has recently published a pamphlet on preparing food for weak stomachs, which the London *Medical Times and Gazette* speaks of in terms of high commendation. Dr. Marcet has contrived a method by which the natural process of digestion is imitated, so that food may be taken in a partially digested condition, and thus more nutriment can be managed by a weak stomach than it could otherwise dispose of.

"He took hydrochloric acid and some pepsine, added these along with water to a quantity of meat, allowing the whole to simmer over a water-bath at about the temperature of the body. When the meat was sufficiently broken up, it was strained, and the acid neutralized by carbonate of soda, when it was ascertained that the product was of a most agreeable character, easily digestible, and containing a vast deal more nourishment than common beef-tea. The proportions he recommends are, 58 grains of hydrochloric acid, sp. gr. 1.1496, in a pint (20 oz.) of water, with 15 grains of Boudault's pepsine, and 81 grains of bicarbonate of soda to a pound of meat (weighed raw), the chemicals costing about seven pence. Where pepsine is unattainable, strips of calves' stomach answer very well, or we do not see why the rennet prepared from it, and used for curdling milk, should not be employed. The food thus prepared keeps well until neutralized, but not so well afterwards. One point to be noticed is, that no metallic vessel should be used in the process, lest the acid act upon it."

Dr. Greene's Treatment of Fractured Clavicle.—MESSRS. EDITORS,—I have met with most gratifying results in the treatment of a fractured clavicle with the use of adhesive plaster, as recommended by Dr. Wm. Warren Greene. The fracture was perfectly united in three weeks, without the slightest deformity. One application was sufficient, and no further interference was necessary. In point of immobility, perfect coaptation, readiness of application and comfort to the patient, it is vastly superior to any other retentive apparatus.

Dover, N. H., August 7, 1867. J. R. HAM, M.D.

Hospital on a new Plan at Nashville, Tenn.—The St. Paul de Vincent Society have established a first-class hospital, bearing the name of their Society and under the medical control of the Faculty of Medicine in the University of Nashville, of which Prof. W. T. Briggs is Surgeon-in-Chief, and Dr. V. S. Lindsley Resident Surgeon. It is so arranged as to offer superior accommodation to persons who visit the city in quest of surgical or medical treatment as well as for the unfortunate poor. Any physician of the city is not only at liberty, but invited to take any patient he desires to the hospital and attend him there, under the nursing of the Sisters of Charity, and as free from students and physicians of the College as if at a private house.—*Nashville Jour. of Medicine and Surgery.*

M. CLOQUET, the distinguished French surgeon and anatomist, has been created a Baron.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 10th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	55	55	110
Ave. mortality of corresponding weeks for ten years, 1856—1866	61.1	50.6	111.7
Average corrected to increased population	00	00	123.15
Deaths of persons above 90	0	0	0

CORRECTION.—We are requested to amend the following obituary notice which appeared in our issue of July 18, viz.: "Died,—at Framingham, Dr. W. Osgood, aged 49 years." The name of the deceased was Dr. *John* W. Osgood.

PAMPHLETS RECEIVED.—Prize Essay on Medical and Vital Statistics. By Franklin B. Hough, M.D., Lowville, N. Y.—Fifth Annual Announcement of the New York Medical College for Women.

DEATHS IN BOSTON for the week ending Saturday noon, August 10th, 110. Males, 55—Females, 55. Abscess, 1—accident, 4—disease of the bladder, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, —cancer, 2—cholera infantum, 27—consumption, 8—convulsions, 1—cystitis, 1—debility, —diarrhœa, 6—dropsy of the brain, 4—drowned, 1—dysentery, 3—remittent fever, 1—scarlet fever, 6—gastritis, 1—disease of the heart, 2—infantile disease, 2—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 4—old age, 3—paralysis, 1—peritonitis, 1—puerperal disease, 1—premature birth 3—smallpox, 1—teething, 1—tonsillitis, 1—unknown, 7.

Under 5 years of age, 64—between 5 and 20 years, 12—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 85—Ireland, 20—other places, 5.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. LXXVII. Thursday, August 22, 1867. No. 3.

THE HYGRODEIK AND THE PROPER MEANS OF HYDRATING OUR HOUSES AND HALLS OF ASSEMBLY.

A Report rendered by the Section of the Suffolk District Medical Society "On the Practice of Medicine and Hygiene,"

By J. B. Upham, M.D.; J. McLean Hayward, M.D.; Hall Curtis, M.D., *Chairman.*

[Read at the Monthly Meeting of the Suffolk District Medical Society, May 25th, 1867.]

The paper which the Committee submit to the Section treats not only of the hygrodeik, but of the proper manner of procuring the requisite hydration in heated air.

The true value of the instrument must be found by comparing it with the other hygrometers whose use is recognized, and by testing the accuracy of its chart with the formulæ and tables laid down by physicists. Thus it becomes necessary to look at the whole subject of hygrometry, with its attendant apparatus.

The object of hygrometry is to determine the quantity of watery vapor contained in a determined volume of air. This quantity is very variable. In our climate, perhaps, the air is absolutely never saturated with vapor, nor is it ever absolutely dry; for, at all times, if hygrometric substances, that is to say, those whose affinity for water is very great, such as chloride of calcium or sulphuric acid, are exposed, they are found to absorb moisture.

Air is rarely if ever saturated; but the relation which exists between the actual amount of moisture prevailing in the air with what would exist if the air was absolutely saturated, the temperature being the same in each case, gives us the hygrometric state—the fraction of saturation.

The degree of the air's humidity does not depend on the mere amount of moisture contained in it, but on its distance more or less from the point of saturation. Air, when cold, may be very humid with little moisture, and very dry, on the contrary, with a larger amount of vapor, when it is hot. Thus, for example, the air contains, as a general thing, more water in summer than in winter; yet it is less humid, owing to the fact that as the temperature is raised, so does the moisture fall away from the saturation point. Likewise in heating rooms we do not diminish the quantity of moisture in the air present, but we lessen its humidity as we drive it further from its point of saturation.

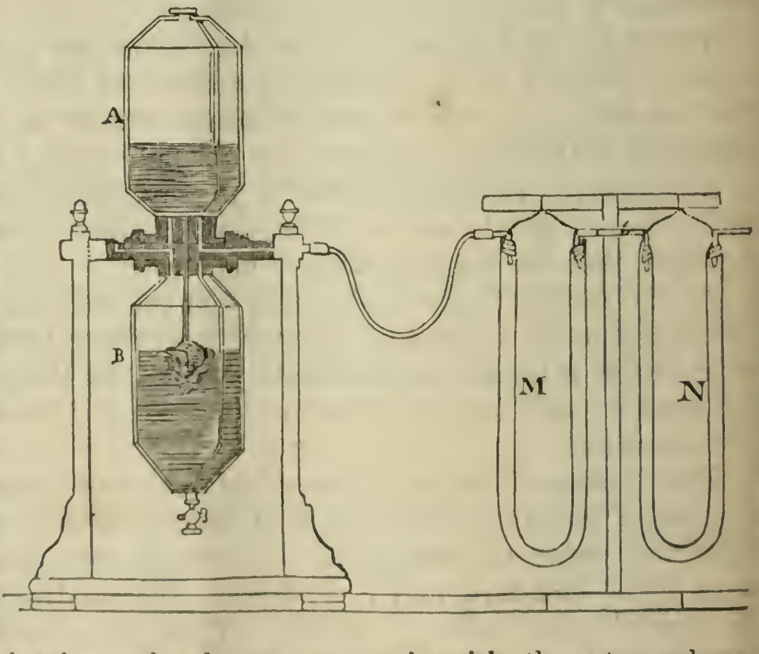
Indicating the saturation point of air at any given temperature by the number 100, we have a standard established for comparison, when ascertaining the quantity of moisture actually present in any specimen of air.

Upon ascertaining the amount so present, it may be indicated by a number which will bear the same relation to 100 that the amount found present bears to the amount which would be present if the air were completely saturated, or contained moisture to the full extent of its capacity.

And in such a case the number indicating the quantity present is called the relative humidity of the air examined.

Hygrometers are instruments which aid us to determine the hygrometric state of the air. A large number have been contrived, though they may all be separated into three kinds, according to the principles upon which they are planned and work: thus, we have hygrometers by chemical action, also by absorption, by condensation; and the dry- and wet-bulb thermometers, or the psychrometer.

The process of the hygrometer through use of chemicals, consists in passing a known volume of air over some substance greedy for moisture, such as the chloride of calcium. This substance having been weighed before the air is passed over, is again weighed after its passage. The increase of weight is that of the moisture in the air.



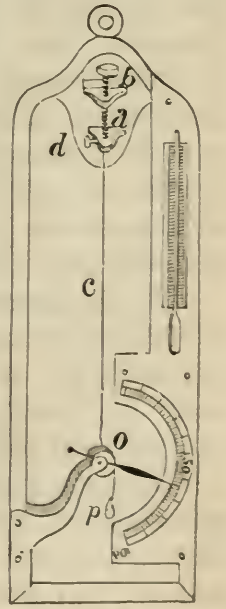
The apparatus is thus arranged. Two reservoirs, alike in construction and capacity, are attached opposite each other to an axis, round which they can revolve. They communicate with each other by a channel through the axis, while they by two channels in the axis are always in communication—the lower reservoir with the atmosphere, and the upper by means of rubber tubing with a series of **U** tubes (M and N), which are filled with chloride of calcium. The first of these tubes (N) absorbs the moisture of the air inspired; the second (M) arrests the moisture which tends to pass from the reservoirs into the tube (N). The lower reservoir being full of water, the upper full of air, their position is transposed, so that the water in (A) may flow into (B). As a vacuum is thus forming in (A), air enters by the tubes (N) (M), in the first of which all the moisture is absorbed. When all the water has run into (B), the reservoirs are again revolved—the same process is repeated.

In this way, if the capacity of each reservoir is ten litres, and they have revolved five times, fifty litres of air have traversed the tube (N), and been dried. If before the operation the tube and its contents are weighed, and if it is weighed after, then the increase of weight gives the amount of moisture contained in fifty litres of air at the time the experiment was made.

From this weight, with the aid of calculations, the hygrometric state of the air is found. This process is the most precise, but it does not offer that degree of simplicity necessary in meteorological observations.

Hygrometers of absorption are based on the property that certain organic substances have of being lengthened by humidity and shortened by dryness. Many of these have been made. The one most generally used is the hair hygrometer of Saussure, the physician who planned it. This instrument is composed of a copper frame upon which is stretched a hair which has been thoroughly cleansed of all fatty matter, either in water containing one hundredth part of its weight of the subcarbonate of soda, or by placing it twenty-four hours in a bath of sulphuric ether. If the fatty matters are not removed, the hair absorbs but little moisture, and its increased length will hardly be perceptible; when it has been cleaned thoroughly, it lengthens rapidly as it passes from an arid to a humid state.

One end of the hair is confined in a pair of arms *(a)*, which may be raised or lowered by a screw *(b)*, thus stretching or relaxing the hair. The lower end is attached to one roller of a double pulley *(o)*; round the other roller winds, in a direction opposed to that of the hair, a silk thread with weight attached *(p)*. The axis of the pulley carries a needle, which moves over a graduated scale. When the hair contracts, the needle is raised; when the hair relaxes, the weight draws down the needle.



In order to graduate the scale, zero is marked at a point where, in ordinary temperature, the needle stops in air completely dry, and 100 at a point where it halts in air saturated with moisture. The interval between these points is divided into 100 equal parts, which are the degrees of the hygrometer.

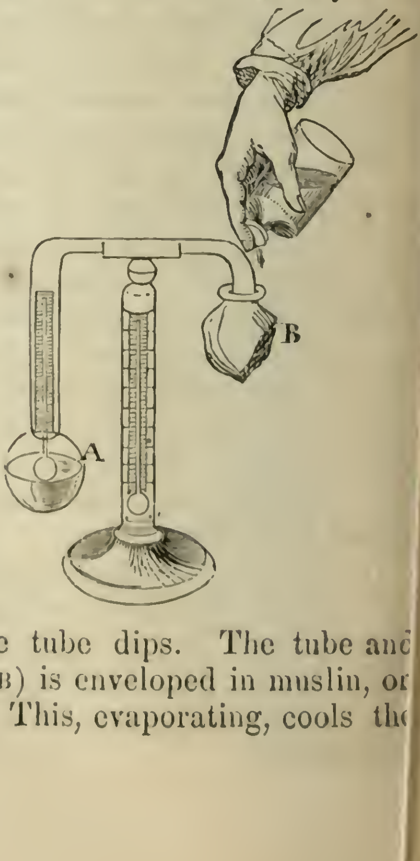
The zero, or extreme dry point, is determined by placing the hygrometer under a bell-glass, and then drying the air by chloride of calcium or calcined carbonate of potash. The air of the bell-glass loses its humidity, and as the hair shortens it turns very gradually the pully and its needle. After fifteen to twenty days the needle becomes stationary, and the zero-point is given. To obtain the point of extreme humidity, the absorbents are removed from the bell-glass, and its walls are wet with distilled water. This soon saturates the air of the glass; the hair lengthens, the weight turns the needle, giving the 100-point, as it becomes stationary, in less than two hours. No matter what the temperature may be, the hygrometric needle returns in perfectly dry air to zero—in saturated air to 100.

There are many objections to these hair hygrometers. Made with different kinds of hair, their indications may vary many degrees, though they agree at the two extreme points of zero and 100. Moreover, the same hygrometer cannot be compared with its previous markings, as the hair will lengthen gradually merely from the weight *(p)*. Nor can you obtain immediately the degree of relative humidity.

Experiments showed that the indications of the hair hygrometer were not in proportion to the hygrometric condition of the air. Thus, when the needle marked 50 degrees, the air was far from being half saturated. Guy-Lussac then arranged a table by which these errors were corrected; this table shows that the air was half saturated at 72 degrees.

Guy-Lussac considered his table applicable to each and all hair hygrometers, but M. Regnault discovered these instruments vary with the origin of the hair, its color, its fineness, and the manner in which it was cleaned; so to secure precise indications it was necessary to have a table arranged for each instrument, which shows how incomplete this kind of hygrometer is, and what uncertainty and difficulty attend their use.

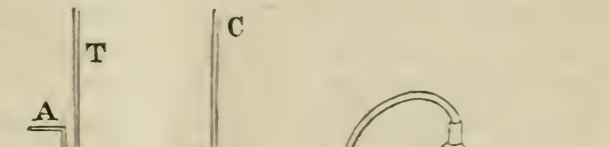
The hygrometer by condensation shows by cooling the air at what temperature its moisture suffices to saturate it. Such are the hygrometers of Daniell and Regnault.



Daniell's hygrometer consists of two glass globes united by a tube twice bent round at a right angle. Globe (A) is two thirds full of ether, into which a thermometer contained in the tube dips. The tube and globe (B) contain the vapor of ether; (B) is enveloped in muslin, or which ether is poured, drop by drop. This, evaporating, cools the globe, condenses the vapors contained in it, when immediately globe (A) gives off more vapor, which is condensed in the upper globe, and so on. As the liquid distils from the lower globe into the upper one, the ether contained in the first cools, and the moment arrives when the air in contact with the globe (A), which cools with it, reaches a temperature when the moisture it contains is sufficient to saturate it. This moisture condenses and is deposited on the globe (A) as a layer of dew, in the form of a ring which surrounds the surface of the liquid, where especially the cooling process of evaporation takes place. The inner thermometer indicates this instant the temperature of the dew-point; that is to say, the temperature of saturation of the ambient air.

To determine more accurately this point, the temperature is taken when the precipitated moisture disappears by heating, and the mean then is taken between this temperature and that of the dew-point. The temperature of the air is given by a thermometer on the stand of the apparatus. The tension *f* corresponding to the temperature of the dew-point is then found in the tables of tensions arranged by Regnault; this tension is exactly that of the vapor present in the air at the time of the experiment. The tension F of vapor saturated at the temperature of the atmosphere is found by means of the same table. The quotient obtained by dividing *f* by F represents the hygrometric state of the air.

Daniell's hygrometer furnishes many causes of error:—1st. The evaporation in the globe (A) only cooling the surface of the liquid, the thermometer dipping into it cannot give precisely the dew-point. 2d. The observer being close to the apparatus, modifies the hygrometric state of the surrounding air as well as its temperature.



Regnault's hygrometer avoids the causes of error which are found in the last apparatus. This instrument is composed of two silver thimbles, with thin and polished walls. Two glass tubes (D) and (E) fit into these thimbles. Each holds a very sensitive thermometer fixed in place by a perforated cork. The cork of tube (D) is traversed by a tube (A) open at each end, reaching the bottom of the thimble. The tube (D) communicates by the standard of the apparatus, and by a leaden pipe, with an aspirator (G) filled with water. The tube (E) does not connect with the aspirator. It contains merely a thermometer to show the temperature of the air at the instant of the experiment.

The apparatus works in this way. The tube (D) is half filled with ether, then the stop-cock of the exhauster is opened. The water which fills it flows out, and the air in the tube (D) is rarefied. By atmospheric pressure air then enters by the tube (A); but as air cannot penetrate into tube (D) and into the exhauster except by passing through the ether, it evaporates a part of it, and cools it the more quickly, the more rapid the water flows.

A moment comes when the refrigeration causes a deposit of dew on the thimble, as in the hygrometer of Daniell. The thermometer (T) giving the temperature corresponding, we have the elements necessary to calculate the hygrometric state.

In this instrument the entire mass of ether is at the same temperature, owing to its being agitated by the current of air passing through it; and as the observations are made at a distance, with the aid of a glass, every cause of error is avoided.

A much simpler form of apparatus may be constructed out of a common test tube, containing a depth of 1½ inch of ether; the tube is provided with a loosely fitting cork, in which is a delicate thermometer, and a narrow, bent tube dipping into the ether. On blowing through the ether by a narrow rubber tube of considerable length, a diminution of temperature is caused, and the whole process can be conducted almost as well as in Regnault's complete apparatus. The temperature of the air is indicated by a free thermometer. Dr. Hutton, of Edinburgh, first suggested that the degree of cold produced by the evaporation of water in the air would depend upon, and therefore indicate, the moisture of the air. Leslie again very distinctly stated this principle (in his treatise " On the Relations of Heat and Moisture," 1813, p. 39), and reduced it to practice by covering one of the bulbs of his differential air-thermometer with wet muslin. The motion of the column of water towards the moist bulb of course shows the depression of the temperature of evaporation.

The dry- and wet-bulb hygrometer, called on the continent the psychrometer—from *psychros*, cold, and *metron*, moisture—is formed of two similar delicate thermometers placed in a gentle current of air; the bulb of one thermometer being covered with muslin, and kept moist by a cotton thread leading from a small reservoir of rain or distilled water. The dry-bulb thermometer indicates the temperature of the air; the other will be found to remain stationary at a temperature said to be that of evaporation, which is usually several degrees below that of the air. In saturated or moist air the thermometers read alike; the difference increases in some proportion to the dryness of the air, and may be used as a superficial measure of dryness in many practical matters, such as the ventilation of dwelling houses, halls, plant houses, &c.

The dry- and wet-bulb thermometers having long been the ordinary working hygrometer of the meterological observations, Mr. Glaisher, of England, has paid much attention to the perfecting of the instrument in every detail. He has finally adopted a pair of very delicate thermometers about one foot long, and with small spherical bulbs of thin glass of about one fourth of an inch diameter; they are mounted on metal scales, graduated from 10° to +130° F., and fixed parallel to each other from two to four inches apart, upon a metal cross-piece. Care is taken that each pair of thermometers is as exactly similar as possible. The bulb of the wet thermometer is covered with thin muslin, round the neck of which is twisted a conducting thread of lamp-wick, common darning cotton, or floss silk; this passes into an adjacent vessel of water placed about three inches distant from the wet bulb, a little beneath it and on the opposite side to the dry-bulb thermometer. It is a very objectionable practice to place a long glass vessel between the thermometers, for the water will seldom be of the same temperature as the surrounding air, and will tend slightly to vitiate the readings of both thermometers. A short, narrow-necked bottle, from which but little evaporation will take place, is the best.

From observations of the dry- and wet-bulb thermometers, it is further possible by means of tables previously determined by experience, or calculation from *à priori* principles, to determine the existing tension of aqueous vapor and other hygrometric data.

A number of these tables now exist in use, varying more or less in their indications, as their respective authors not only made use of the different thermometers of Centigrade, Reaumur and Fahrenheit, but also started with formulæ by no means similar. The only instruments now recognized are the psychrometer and the dew-point instruments. For these instruments, tables have been formed from these formulæ by Ivory, August, Bohnenberger, Magnus Regnault, Haeghens, Apjohn, Glaisher, Coffin and Guyot.

The results, however, of M. Regnault's researches derived from a series of experiments conducted during many years with great care and equal skill, published in separated papers in the *Annales de Chimie et de Physique,* have obtained the confidence of most scientific men; increased by the additional force given them by the labors of Magnus, of Germany, whose conclusions are so similar that they may be considered identical. Prof. Guyot, in his valuable papers published by the Smithsonian Institute, judges these values ought to be used in our hygrometrical tables, as has been done in France in preference to the older and less reliable determinations on which they are based.

A new series of hygrometrical tables, based on Regnault's table of Electric Forces of Vapors, was published by Mr. Glaisher, in London, in 1856. As, however, the psychrometrical table has not been computed from Regnault's formula, but by means of empirical factors, the results differ. Mr. Glaisher's deductions have been made from the combinations of all the simultaneous observations of the dry- and wet-bulb thermometers, with Daniell's hygrometer, taken at the Royal Observatory, Greenwich, from 1841 to 1854—with some observations taken at high temperatures in India, and others in Toronto.

The hygrometrical series, as collected and arranged by Guyot, consists of twenty-seven tables, arranged in three divisions. In the first are found ten tables, based on Regnault's hygrometrical constants, both in French and English measures, in two corresponding sets, for the use of the psychrometer, the dew-point instruments, and for computing the weight of vapor in the air. Being based on the best elements we now possess, he gives them for ordinary use. The second division contains the seven most important tables published in the Greenwich Observations, and Glaisher's extensive psychrometrical table. These tables are much used in England; the results obtained by them exhibit no inconsiderable differences with those derived from the preceding ones, and are indispensable for comparing these results. The third division furnishes the means of comparing the different values of the force and weight of vapor—especially those used in Germany.

The supposed great accuracy of many of these determinations has been somewhat shaken by the later experiments of Regnault *(Ann. Phys.*, 3, xv.), for he finds that the temperature of evaporation is not invariable, but sinks lower, the greater the rapidity with which the air surrounding the wet bulb is moving. He is thus led to doubt the soundness of August's assumption, that the stratum of air surrounding the wet bulb is always saturated and of the same temperature as the bulb, and he considers that the radiant heat falling on the bulb is an element not to be neglected. The ordinary formulæ may be considered sufficiently accurate as long as the velocity of the air does not exceed sixteen to twenty feet in a second. Mr. William S. Tevons, M.A., in his article upon Hygrometry, says he quite agrees with Dr. Drew (Practical Meteorology) that the problem of the dry- and wet-bulb thermometers is still quite open to fresh investigation.

The hygrodeik, or moisture indicator, is composed of a Mason's hygrometer, the dry- and wet-bulb thermometers, attached to the sides of a frame, which embraces the so-called deik, or chart. To this apparatus is attached a movable centre, with a pointer, so that it can be easily moved to agree with the temperature, or, in other words, with the upper end of the column of mercury of the dry-bulb thermometer. Upon this centre is placed a bent lever in such a manner that one of its arms shall be a pointer to be adjusted to the mercury of the wet-bulb thermometer, while the other arm shall be a pointer or index hand to move over the face of the diagram upon which is marked the relative humidity, the dew-points, and the weight in grains of watery vapor in a cubic foot of air. The invention of the hygrodeik was the result of an investigation of the formulæ based on M. Regnault's elements, by which psychrometrical tables are calculated. This investigation was undertaken for the purpose of making a simple calculating machine for ascertaining the relative humidity, absolute amount and dew-point, when the temperature, and temperature due to evaporation, are known.

TEMPERATURE.	**90**	**80**	**70**	**60**	**50**	**40**	**30**	**20**	**10**
130°	126.10°	122.33°	117.75°	113.25°	108.33°	103.75°	98.25°	92·67°	87.00°
120	116.67	113.10	109.25	105.00	100.75	96.00	91.10	85.60	80.25
110	107.33	104.00	100.33	96.60	92.50	88.25	83.33	78.75	73.50
100	97.27	94.30	91.14	87.83	84.23	80.32	76.09	71.56	66.50
90	87.53	84.87	82.06	79.09	75.90	72.54	68.92	65.00	60.88
80	77.77	75.43	72.97	70.20	67.67	64.79	61.72	58.58	55.07
70	68.04	66.02	63.91	61.70	59.42	57.00	54.49	51.97	49.09
60	58.34	56.53	54.86	53.02	51.13	49.15	47.14	45 09	42.90
50	48.62	47.20	45.77	44.29	42.77	41.22	39.64	38.02	36.33
40	38.89	37.77	36.63	35.49	34.30	33.08	31.99	30.70	29.42
30	29.06	28.25	27.40	26.60	25.80	24.90	24.04	22.92	21.73

DEW POINTS.

Grs. per cub. foot.	*Dew Points.*	150°	140°	130°	120°	110°	100°	90°	80°	70°	60°	50°	40°	30°	20°	10°
66.09	150°	100														
59.69	145	90.3														
53.71	140	81.2	100													
48.14	135	72.7	89.4													
42.97	130	65.0	80.0	100												
38.19	125	57.7	71.1	89.1												
33.79	120	50.9	62.9	78.6	100											
29.76	115	45.0	55.4	69.2	88.0											
26.09	110	39.4	48.5	60.7	77.2	100										
22.77	105	34.4	42.3	52.8	67.3	87.2										
19.79	100	29.9	36.8	46.0	58.4	75.8	100									
17.14	95	25.9	31.9	39.8	50.6	65.6	86.6									
14.81	90	20.8	27.5	34.4	43.5	56.7	74,8	100								
12.76	85	19.3	23.7	29.6	37.7	48.9	64.4	86.1								
10.95	80	15.0	20.2	25.4	32.1	42.0	55.3	73.9	100							
9.37	75	14.1	17.2	21.5	27.7	35.5	47.3	63.2	85.5							
7.99	70	12·0	12.8	18.6	23.3	30.6	40.3	54.0	72.9	100						
6.80	65			15.8	20.1	26.0	34.3	45.9	62.0	85.0						
5.76	60			13.4	17.1	22.0	29.0	38.8	52.5	72.0	100					
4.86	55			11.3	14.3	18.6	24.5	32.8	44.3	60.7	84.5					
4.09	50				10.0	15.6	20.6	27.6	37.3	51.1	71.1	100				
3.43	45					13.1	17.3	23.1	31.3	42.8	59.6	83.6				
2.86	40					10.6	14.4	19.3	26.1	35.7	49.7	69.7	100			
2.37	35						11.9	15.9	21.6	29.6	41.2	57.8	82.8			
1.97	30						09.9	13.2	17.9	24.6	34.2	48.0	68.8	100		

After a thorough investigation of the formulæ, to ascertain the character of the lines of equal humidity and absolute amount, a method of plotting was settled upon, and a card similar to the one now in use for the dial of the hygrodeik was produced.

To connect this dial with the pair of thermometers by means of pointers mechanically united was a simple task, though one requiring a great many experiments.

To plot the dial of the hygrodeik, first raise the pointer on the dry-bulb thermometer to the highest tenth degree of temperature possible on the instrument, for instance, 90°; then by turning the knob raise the left hand pointer to the same temperature on the wet thermometer, and the point at which the hand comes on the dial will be the point of complete saturation of the air for that temperature, or the relative humidity of 90°.

By looking at the table (on the preceding page), in the first column we find the different temperatures as indicated by the dry thermometer, and in the other columns the degrees of temperature given by the wet thermometer, that will give the relative written at the top of the table, on the line of temperature given in the first column.

Keeping the pointer at the same dry temperature, move the hand until the pointer on the wet thermometer is successively at the temperature shown in the table, below the degrees of relative humidity, and mark the different points on the dial. For the other temperatures, move the right hand pointer ten degrees below, and proceed as before. Now, having the points at which the lines of relative humidity cross the lines of temperature, and connecting them by a curved line, we have the desired lines at every ten degrees of humidity, when the intermediate lines may be easily drawn in.

To find the dew-point lines, we will take the dial prepared as above described, and for the illustration of the method of plotting the lines, we will take the line which terminates on the line of complete saturation at 30° of temperature. Looking at the table, in the column headed Dew-points, we find 30°, and opposite to that in the column headed 90° is the number 13.2; this number represents the relative humidity of the air at a temperature of 90°, which contains the same number of grains per cubic foot as air at a temperature of 30°, the relative humidity being 100°.

The next number reading to the right is 17.9, which, being in the column of 80°, should be marked on the dial on the temperature line of 80°. The other numbers we mark on the temperature lines corresponding to the columns in which the numbers are found. Connect the points marked as above described by curved lines, and we have the dew-point line of 3°.

Proceed as above for the remainder of the lines, the last point in each line being the intersection of the line of complete saturation with the temperature lines.

In the first column of the table of dew-points will be found the absolute amount of moisture in the air; in other words, the number of grains of moisture per cubic foot of saturated air at the temperature shown in the column of dew-points.

Having thus described the instrument, it remains for us to close this part of our subject by giving the results of our investigations regarding its readings. We find, comparing its returns with the tables of M. Regnault, that when the wet-bulb thermometer stands at 30° to 36°, with difference of dry bulb reading from 2° to 10°, its variations consist of from 2 to 3 and a fraction per cent. less than the tables of M. Regnault in Guyot; with wet bulb from 40° to 80°, with difference of dry bulb from 2° to 11°, variations are from 0 to 2 per cent. less.

The dew-points are generally nearly correct, though with an occasional difference of a degree. At the lower grades the difference is greatest. The weights of watery vapor only differ by a decimal.

The maker, Mr. Lowe, expressly states that a difference of two per cent. in returns is acknowledged and demanded for the instrument—a trifling amount for the purpose for which we require it.

The instrument, as it is now presented, is essentially a commercial one—distinctly for common, ordinary every-day use—and its results are generally sufficiently accurate.

If required for strictly scientific research, with more minute results, one can be made more exact.

The simplicity of this instrument, the ease with which it is worked, and the ready readings it affords, must be apparent to all.

The Committee would call especial attention to the line marked *health* on the chart, as this would lead many into error. The public will be likely to think that the air is healthy when the pointer is at this point. This is by no means true. It refers merely to the amount of moisture which it may be considered desirable to have, but not that the air, even when possessing this amount of humidity, is necessarily wholesome; for we all know that the air may be humid, yet totally unfitted for respiration. For example, the Black Hole of Calcutta, with its frightful history. The hygrodeik bears merely upon the air's humidity, not on the absence or existence of deleterious matters in the atmosphere.

[To be continued.]

Foreign Correspondence.

VIENNA, July 15, 1867.

MESSRS. EDITORS,—A short account of the aural clinics in the University of Vienna may perhaps be of interest to some of your readers, and serve to show the amount of work which is now accomplished in aural surgery. There are here two distinct courses of lectures united with clinical demonstration on the ear, its anatomy, pathology and treatment. One of these is that of Dr. Adam Politzer, which is held in the wards of Prof. Oppolzer, and the other that of Dr. Joseph Gruber, who has the regular ear-clinic of the General Hospital and lecture rooms of his own.

The number of patients attending each of these clinics varies from ten to thirty-five daily, more than enough for the elaborate clinical teaching which one finds so universally throughout the German schools. Although differing somewhat in the minutiæ of examination and treatment, the general teaching of each is the same.

In examining the tympanum, Dr. Gruber uses a metallic speculum, shaped like two truncated cones placed one above the other; the larger and more obtuse cone forms the upper third of the speculum, while the very acute cone forms the other two-thirds and serves for insertion into the ear. The larger cone is blackened on the inside, while the smaller retains its metallic lustre. Dr. Politzer, on the other hand, uses a speculum of hardened caoutchouc, tunnel-shaped, with a broad, expanding top.

Both use for illumination the daylight reflected into the ear by means of a small, slightly concave, hand-mirror with a hole in the centre, through which the observer looks. In applying the air-douche Politzer uses what he calls his new mode of proceeding (neues Verfahren) i. e. injecting air suddenly into the closed nasal cavity during the act of swallowing, except in those cases where there is an obstruction of, or he wishes to inject medicaments into, the Eustachian tube, when he uses the catheter. Gruber, on the other hand, uses the catheter in all cases except those of children, in whom it is impossible. With children he injects air into the closed nose; unaccompanied, however, by the act of swallowing, as he claims that in them the orifice of the Eustachian tube is more open than in adults, and therefore the act of swallowing to open the tube is unnecessary. With both there is an excellent opportunity to see and learn the manipulation with the catheter, and in the many cases in which it is used one never sees the least ill effect.

The following statistics from the reports of Dr. Gruber to the Direction of the Hospital, will show what has been done in his department during the last two years.

The whole number treated by him was 678 in 1865, and 710 in 1866. Of these, 515 are reported cured, 221 improved, 154 unimproved by treatment, 190 examined and on account of the impossibility of cure discharged without treatment, while 150 and 155 respectively remained under treatment at the end of each year. 470 had diseases of the external ear, 576 of the middle ear, and 324 of the inner ear.

The diagnosis in the principal cases is given as follows: chronic catarrh 391, affections of the labyrinth 263, collections of cerumen in the ear-passage 171, acute catarrh 129, otitis externa diffusa 109, otitis externa circumscripta 42, acute inflammation of tympanum 38, chronic catarrh with polypi 35, otitis interna 24, deaf and dumb 30, chronic inflammation of the tympanum 20. Of the cases of chronic catarrh 65 were completely cured and 109 improved; of the affections of the labyrinth 2 were cured, 35 improved and 115 not treated. Of 129 cases of acute catarrh 76 were cured, 13 improved, and the remainder continued under treatment; of 109 of otitis externa diffusa 66 were cured and the remainder continued under treatment; of 38 of acute inflammation of the tympanum 24 were cured and 8 remained; of chronic catarrh with polypi 11 were cured, 10 improved and 11 remained under treatment; of otitis interna 10 were cured, 7 improved and 5 still under treatment. Of the deaf and dumb 1 is reported cured, 13 not improved by treatment, 11 not treated, while 11 remained under treatment.

The report also contains an analysis of the cases which have been under observation and many valuable hints on treatment.

Of foreign bodies in the ear all have been removed by syringing; several cases are reported of injury to the ear by attempts at removal with instruments. In one case the apex of a pyramidal-shaped stone had been driven through the tympanum, producing inflammation of that membrane; in others the attempts at extraction had brought on a chronic inflammation with formation of granulations, which imbedded and held fast the foreign body. In these cases no attempt was made to extract immediately, but the inflammation was first completely reduced and then the foreign body syringed out; in one case over three months were required to subdue the inflammation.

Collections of cerumen are considered often due to a disease of the ceruminous glands, and after their removal the patient is directed to paint the ear-passage for a long time with a solution of iodide of potassium in glycerine. In many cases it is found, after the removal of the mass, that there are changes in the tympanum which require further treatment, so that the physician should be careful not to lead the patient to expect too much from the mere removal of the obstruction. In otitis externa a deep scarification of several parts of the meatus is strongly recommended, if the patient is seen in the early stage of the disease; even if there is only slight redness, this is advisable to relieve the pain and to prevent the further advance of the disease. In the majority of cases of otitis externa diffusa that run their course, the tympanum is found to be thickened or perforated.

Every case of inflammation of the tympanum came to perforation within ten days, and in one case the entire membrane was lost in a much shorter time. Almost all of these perforations, however, afterwards cicatrized, and this favorable result is attributed to non-interference. Dr. Gruber says, "Experience has taught me that doing too much may injure more than doing too little. On this account as soon as the exudation is secreted in less quantity, I avoid every application, allow syringing only in the most pressing cases, and leave nature free to use her healing power."

In speaking of perforations of the tympanum, which have become permanent, two interesting cases of relief by an operation proposed by himself are mentioned. In one of these there was a perforation a line in diameter, in the right tympanum, the result of chronic catarrh, to exacerbations of which the patient was still subject. By the aid of direct sunlight fifteen slight cuts were made around the edge of this perforation, an inflammation of the tympanum was excited, during which cicatricial tissue was formed, and the perforation finally healed. The case was under observation over three months, and at the end of this time the hearing had somewhat improved, and the patient will, says the report, no more be troubled with inflammation. In the other case the perforation after the operation cicatrized completely, and the hearing decidedly improved; for the watch from contact with the ear to the distance of two and a half feet.

Of 169 cases of chronic catarrh during the last year, 66 led to perforation of the tympanum of both ears, and 16 to perforation only on one side. Only those cases are reported cured in which the patient regained the *normal* hearing power and was entirely freed from noises in the ears.

Twice that form of perforation was observed where the tympanum is separated from its insertion into the walls of the meatus. Where there was a stricture of the Eustachian tube, bougies of laminaria digitata were used with great benefit. Where there was catarrh of the nasal cavity, mild astringent solutions were syringed into the nose, and then with closed nostrils and mouth the patient was directed to make the motion of blowing the nose; in this way the fluid is forced into the Eustachian tube and distributed over the surface of the nasal cavity. This method is particularly recommended in syphilitical cases where any slight abrasion of the mucous membrane made in passing the catheter would be liable to ulcerate.

In most cases of chronic catarrh it is found that the perforation begins to cicatrize as soon as the secretion of the mucous membrane decreases.

The troublesome noises in the ears, of which patients complain so bitterly, after their power of hearing has been greatly improved, have been often found to cease suddenly without any known cause, and in like manner sometimes the hearing is suddenly and wonderfully improved without the surgeon being able to recognize the changes which have taken place in the ear.

Very truly, J. Orne Green, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 22, 1867.

Dr. J. Mason Warren is no more! The third of an illustrious line of surgeons has departed. His death, which was from internal cancer, complicated with intussusception, and which had been for some time sadly anticipated, took place on Monday, August 19th, at his residence, 2 Park St. Dr. Warren was 56 years of age at the time of his decease.

It is not for us to speak his eulogy here. But, in common with the entire medical profession in both hemispheres, we mourn an irreparable loss. We yield to none in appreciation of his worth—his remarkable, and, we may say, hereditary surgical skill; his faithfulness to his duties, alike among rich and poor; his constant courtesy; his public spirit; his readiness to advance the interests of the profession, by giving freely of his time and means.

His professional brethren are proud to have been represented by such an associate as Dr. Warren; and profoundly lament that it was not granted to him to live, in activity and usefulness, to the threescore years and ten, or the fourscore years, allotted as the measure of man's days. But, we bow to the decree of Infinite Wisdom.

CLASSICAL AND UTILITARIAN STUDIES AS PREPARATORY TO THE MEDICAL SCHOOL.

Ne quid nimis.

On looking over the book entitled "Modern Inquiries," by Dr. Bigelow the elder, we notice that the two first articles in the order of arrangement are among the latest productions of the author's pen. We are not sure that this mode of juxtaposition does not represent the relative merits of the compositions. Alpha would seem to be Omega, and Omega to be Alpha. In other words, the fruits of Dr. Bigelow's riper years more than equal those of his prime. We do not forget that the seer-ship of thirty-two years ago emitted sparks which kindled a revolution in the ideas of medical men. But, in the address on "The Limits of Education," and in that on "Classical and Utilitarian Studies"—the papers above alluded to—the range and comprehensiveness of thought and the elegance of diction are such that we are compelled to regard those monographs as at least among the most remarkable of their author's literary efforts.

A thorough classical scholar, the pages of ancient literature are still fresh in his memory, as when the Greek and Latin symbols first left their impress on his mind. It is one thing to keep a collection of quotations from the dead languages stored for use on public occasions, as the badge of a college graduate, and quite another to have the mind so imbued with classic lore—photographed on the negative of memory by the rays of mental light—that whenever a citation is required, the writings of Homeric poesy or Ciceronian rhetoric are brought clearly into view by the chemistry of association. No one, therefore, is better qualified than Dr. Bigelow to speak of the worth of classical learning. By means undoubtedly of the training derived from that, he has been enabled, amid the engrossing cares of his profession, to make himself master of various sciences, and to keep himself *au courant* with all. When, then, he addresses us upon the comparative value of classical and utilitarian studies, it behooves us to listen with attention. And, if at a time of life when men are wont to cherish the old and tried, instead of embracing the new and untried, he takes the lead in advocating innovations, we should give special heed to his counsels. We leave it to the theological scholar and the student of jurisprudence to settle the question as relates to their respective professions. It concerns us here to look at it with reference to the preparation necessary for the study of medicine.

We quote from the address "On the Limits of Education," read before the Massachusetts Institute of Technology:—

"It is the object of the present remarks to show that the amount of knowledge appropriate to civilization which now exists in the world is more than double, and in many cases more than tenfold, what it was about half a century ago; and that, therefore, no individual can expect to grasp, in the limits of a lifetime, even an elementary knowledge of the many provinces of old learning, augmented as they now are by the vast annexations of modern discovery. * * * If in the days of the ancient Greeks 'life was short,' while 'art was long,' how is it now, when life is not longer, but art, literature and science are immeasurably greater? * * * A law which obtains in matter, obtains also with regard to the mind and its acquirements, that strength is not increased in proportion to magnitude. The static and dynamic strength of materials for the most part decreases as their bulk increases. A column or a bridge cannot be carried beyond a certain size, without crushing or breaking its subtance; and a whale, if unsupported by the surrounding water, would die from the pressure of his own weight. A small animal will leap many more times his length than a large one; and the integrity of his slender limbs will not be injured by the exertion. The useful development of a tree is known to be promoted by severe pruning; and where this is impossible, as in primeval forests, the trees prune themselves, and attain greater height by the death of their under branches, the insufficient supply of sunlight being monopolized by the upper and dominant members at the expense of the lower. These examples, drawn both from inert and organic matter, may serve to illustrate the corresponding truth, that human intellect, though varying in capacity in different individuals, has its limits in all plans of enlargement by acquisition; and that these limits cannot be transcended without aggregate deterioration in distracting the attention, overloading the memory or overworking the brain, and sapping the foundations of health. * * * Subdivision and selection afford the principal avenues through which men arrive at success in the humbler, as well as the more conspicuous walks of life. The mechanical labor of artizans is best performed, and its best results obtained, by distributing its duties among a multitude of special agents; and this is more or less successfully done, in proportion as a society or a craft is more or less perfectly organized. So likewise in the higher or more intellectual pursuits of life, in which men procure bread by the labor of their heads instead of their hands, the number of learned professions has been within a short time wonderfully increased. In the days of our fathers, the learned professions were accounted three in number—Law, Physic and Divinity. But now more than three times that number afford means of honorable subsistence to multitudes of duly educated persons. * * * I would not underrate the value or interest of classical studies. They give pleasure, refinement to taste, depth to thought, and power and copiousness to expression. Any one who, in this busy world, has not much else to do may well turn over, by night and by day, the *exemplaria Græca*. But if, in a practical age and country, he is expected to get a useful education, a competent living, an enlarged power of serving others, or even of saving them from being burdened with his support, he can hardly afford to surrender four or five years of the most susceptible part of life to acquiring a minute familiarity with tongues which are daily becoming more obsolete; and each of which is obtained at the sacrifice of some more important science, or some more desirable language. It may not be doubted that a few years devoted to the study of Greek will make a man a more elegant scholar, a more accomplished philologist, a more accurate and affluent writer, and, if all other things conspire, a more finished orator. But of themselves they will not make him what the world now demands—a better citizen, a more sagacious statesman, a more far-sighted economist, a more able financier, a more skilful engineer, manufacturer, merchant or military commander. They will not make him a better mathematician, physicist, agriculturist, chemist, navigator, physician, lawyer, architect, painter, or musician. The ancient Greeks knew but little, though they knew how to express that little well. The moderns know a great deal more, and know how to express it intelligibly. Antiquity has produced many great men. Modern times have produced equally great men, and more of them."

From the paper "On Classical and Utilitarian Studies," we select the following passages:—

"The first three centuries of the Christian era had before their eyes the light of the classics and the wisdom of the ancients; but they went steadily from bad to worse. The last three centuries have had modern literature and the useful sciences and arts, and have gone steadily from good to better. * * * Great stress has been laid, by the more exclusive advocates of classical studies, on the peculiar fitness and efficacy of those studies for training the minds of young students, and developing, enlarging and strengthening their powers, irrespectively of any application to other use. That such an efficacy does exist in these studies no one will probably deny; but it does not follow that such training is superior to all others, or that it promotes the greatest economy of the time of young persons destined to various pursuits of life. Education, in its largest and most liberal sense, involves two things. It means not only the development of the mind, but also the acquirement of useful knowledge, 'by which every rising generation is put in possession of the attainments of preceding generations, and becomes capable of increasing and improving this inheritance.' It is not enough that the prime of youth should be spent in developing the mind, or in learning how to learn. It is much better to have combined together the instrument and the object, the process and a useful result. An ignorant man or child might develope his mind somewhat by studying the Algonquin language or the science of heraldry, or by making himself familiar with the Talmud, the Koran, or the Mormon revelation; but if, on the other hand, he should have devoted the same time to acquiring the French language, or the science of chemistry, or a salutary code of ethics, he would have a doubly valuable result to show for his labor. It is the same as in physical education, where he might develope and increase his muscular strength by continually picking up stones and laying them down again. But if he should lay them down in some mode of useful construction—a wall, for instance—or should remove them to another place, where they would do more good or less harm, he would have not only improved his muscles, but by the same act would have created a valuable property. * * * Few persons now deny, that the study of the ancient languages and ancient authors assists to fill and to strengthen the mind, to enlarge the sphere of thought, and to improve, polish and amplify the power of expression. It has also the present prestige of acquired currency in the educated world, and may well form a constituent part of the most acceptable as well as liberal culture. But it should not monopolize the room which is now too scanty for other indispensable pursuits. Classical learning, like music and painting, will refine, delight and elevate the mind of a susceptible person; but it will not bring him up to the intellectual demands of the present period. There are other things that, in this age and country, press upon his attention and time, in comparison with which classical learning is already obliged to be subordinated. No man now quotes Greek and Latin in the pulpit or on the stage, in Congress or in a popular assembly. But it will not do for an aspirant for social influence or distinction to be ignorant of the great moving-springs and channels of modern industry and progress, of the science of government, the constitution of his own country, the laws of society and of nations, the geographical, social and commercial relations of the world, the leading questions of finance and political economy, the properties of bodies and their values, uses, aptitudes, relations and actions upon each other. He should not be ignorant of the laws of animal and vegetable life, or of the sources of agricultural and mineral wealth. These, with moral science, modern languages, and the vast domain of English literature, may profitably replace much of the labor and time now expended in colleges on the hypertrophy of classical learning."

We think the tide has turned against the too exclusive devotion of time to classical studies, which has so long prevailed here, and which still holds despotic sway in England. The world has indeed begun to outgrow the knowledge and culture of the ancients. The classical exactions of the day, while they have their appropriate office, have often failed to give full play to the faculties. The grinding of the wits upon the verbal niceties of Latin and Greek may sharpen, but does not greatly expand the mind. Proficiency in the dead languages fits men for Oxford "Fellowships," and coteries of literary *dilettanti*, which have no counterpart or place in this busy country. Hence, it has been the wont of indolent and pleasure-seeking undergraduates to console themselves for their remissness by pointing to the occasional obscurity in after life of the first scholars in our colleges.

Save for a few who may choose to make the classics a specialty, the tendency now is to give to all who enter Harvard University (and the other collegiate seminaries must follow its example) a thorough groundwork in Latin and Greek, but beyond that, and to the many, a good reading knowledge merely, and understanding of the spirit of ancient authors. After the Freshman year, the study of the dead languages is now optional. On the other hand, French is required to be learned from the outset. German is thoroughly taught. A reading knowledge of Italian and Spanish is given. These, with the physical sciences in increasing measure, mathematics, logic, metaphysics, English composition, *et id omne genus*, are fast becoming the staple of instruction.

Here we have, as we conceive, such a preparation for the study of medicine as is best suited to the great majority of its followers—in which number we include the general practitioner; the clinical observer and lecturer; the teacher; the votaries of pathology, comparative anatomy and physiology; the students of medical jurisprudence and of insanity.

A more exclusively scientific course, such as obtains at the Massachusetts Institute of Technology (the establishment of which institution may perhaps have had a share in hastening the innovations at Cambridge) is, it strikes us, well adapted to those who intend to make the study of medicine a stepping-stone to certain special pursuits, as, for instance, animal chemistry, toxicology, pharmacology, &c.

WE stop the press here, and exclude all other editorial matter, to give place to an account of the proceedings at a special meeting of the Suffolk District Medical Society, with reference to the death of Dr. J. Mason Warren.

The meeting was held yesterday, Dr. Ayer, the Vice-President, in the chair. After appropriate introductory remarks by Dr. Ayer, Dr. Putnam, the attending physician of the deceased, at the request of the chair, gave an account of the last illness of his distinguished patient. A full report of the case will be furnished us by Dr. Putnam hereafter.

Dr. O. W. Holmes then presented the following address and resolutions. The latter were unanimously adopted, and both ordered to be printed.

It was voted that the Society attend the funeral of Dr Warren.

Dr. Holmes's Remarks.

A little more than ten years ago some of us, and some who are no longer with us, met to do honor to the memory of JOHN COLLINS WARREN, who, having filled the measure of his days, had yielded to the summons which no art can delay beyond its appointed hour. It seems to us too soon to roll back the stone from the mouth of the sepulchre that received the father, to admit the son. He was still in the years of ripe but not decaying manhood. We should have asked that his life might have been prolonged like his father's, so that he might have seen the near approach of the twentieth century. But God knows best when he has done with his servants, and though our friend was called away before the evening shadows had closed around him, he had done a full day's work when he found rest from his earthly labors. It is not for him that we would have asked length of days to be his portion, but for those whom he has left, who find it hard to lose the years they had hoped remained for him.

For nearly thirty-five years I have known Dr. Mason Warren, at home and abroad, as a student and as a practitioner, professionally and socially, as a companion and as a friend. I have studied with him, consulted with him, travelled with him; we have worked together and enjoyed many pleasures in each other's company. The record that I can here trace of him must be very brief, but it is one that will only do him honor.

His health was somewhat impaired during his residence at college, so that he was unable to complete his academic course, which would have made him a graduate in 1830. He therefore began the study of medicine in advance of those who were before him in college, and when I reached Paris in 1833, I found him already established there as a student, having taken his medical degree in the previous year. He was no longer an invalid, though never very robust, but labored as diligently as the strongest, and took a part in every social enjoyment with his young companions.

In Paris, in London, wherever we found ourselves, he never for a moment lost sight of his great object—to qualify himself for that conspicuous place as a surgeon which was marked for him by the name he bore and the conditions to which he was born. This was his constant aim in the hospitals which he assiduously followed, in the museums which he faithfully explored. In the society of the distinguished practitioners to whom he had access and to whom he often introduced his less favored friends, though always at his ease, and good company for any he might meet, he was still listening and learning. He was often playful; he had a delightful vein of humor, he was a pleasant narrator of incidents, he was genial and hearty, as if he lived only for society, but he could not be long turned aside from his serious and manly duties. This is the reason why he took his place so soon and so easily on his return, and not merely because a place was ready for him. It demanded no small qualifications to fit a man to bear up the name of Warren in the third generation, and never to allow it to sink below the standard mark.

We who knew this laborious man loved him, because he was kind and good and natural in all his ways. I do not remember that any one of us, even of those who travelled with him—and travelling in company is the touchstone of infirm tempers—ever had a hard word with him. Yet he was what we should have called a man of a high spirit, and there was some fiery blood in his veins, such as Joseph Warren shed in that fierce *melée* which opened the war of the Revolution. He was so well bred, so uniformly courteous, that none but a churl would have found it easy to make a quarrel with him, and the churl would have seen that there was a strong manhood beneath his good nature that would not be safely tampered with. And with his good nature he united that good sense which a wise man has said is rarer than genius.

His labors in the profession will be long remembered. This generation will miss his great experience and his cunning hand; those coming after us will often hear his name joined with those of his distinguished father and grandfather, as constituting an unbroken line of hereditary excellence such as history but rarely shows.

It has been most happy for his fame that he lived to complete that noble volume containing the record of his surgical practice, which bears the date of this very year 1867. How full of valuable observations, plainly and simply told, for he made no unnecessary show of words in telling the most startling cases that came before him, this important work is, many of you know well. Almost everything which has been dared in surgery is there set down from his own experience. No matter what the gravity of the case, or the brilliancy of his success, whether the tying of both carotids or the extirpation of the upper maxilla, or amputation at the hip-joint, it is all told without expletives, without notes of admiration, in all the dignity of true science—told as the engineer describes a section of the earth, as the astronomer describes the transit of a star.

It would have been a pang to part with such a man, even when age had dimmed his eye and relaxed his strength; it is very hard to relinquish him with so much seemingly in prospect for him and through him for us.

But he has left us, we trust, for a serener sphere of being, and we seek our first solace in giving expression to our grateful recollections and our fond regrets.

I venture to propose to the Society the following Resolutions:—

Resolved, That by the death of Dr. J. Mason Warren, its late President, and associate from the time of its foundation, this Society has been deprived of the counsel and the friendly presence of a member at once honored and beloved, who brought a sound knowledge, a large and wise experience and an ever willing helpfulness to its deliberations; who added liberally to its usefulness from the ample records of his practice; whose native dignity of character was so joined with engaging social qualities that he was always respected as a man and always welcome as a companion.

Resolved, That to the medical profession of this city and of this State the death of Dr. Warren, one of the most widely known and valued practitioners counted upon its rolls during the present generation, is a loss which will be deeply mourned by all its members; that his memory will be cherished by them as that of a fellow-laborer whose life was one long work-day of professional duty, and who yet found time to make many important contributions to the literature of a calling which he practised with a skill and success worthy of the illustrious name he bore.

Resolved, That the medical profession of this country and the great body of the healers of men throughout civilization have lost from their ranks one who honored their occupation by his personal character and bearing, who enriched their art by his invention, who illustrated its possibilities by his prudent boldness, who served its interests faithfully in life and bequeathed to it a record of experience full of instruction, which will be studied with profit, not only here and in our own day, but by students of other lands and in after times.

Resolved, That the members of this community, in the midst of which Dr. Warren has, for many years, exercised his beneficent office, have been deprived by his death of a counsellor of whom it is enough to say that he was to them what his father was to their fathers, what his grandfather was to their grandfathers—a master to control the resources of his art, a servant to obey the call of humanity.

Resolved, That this Society feels, and would desire respectfully to express, the profoundest sympathy with the family of its associate, our departed friend, and that it would place these words of heart-felt tribute before them, not as adequate marks of regret, but as an assurance that the grief of those nearest to him whom we cherish henceforth in our memory is shared by a wide circle of friends, who know how sorrowful the home must be which has lost one so worthy of love and honor.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, August 17th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	40	50	90
Ave. mortality of corresponding weeks for ten years, 1856—1866	53.5	51.6	105.1
Average corrected to increased population - - - -	00	00	115.96
Deaths of persons above 90 - - - - - - - -	0	0	0

Pamphlets Received.—Transactions of the Medical Society of the State of Kansas, for the year 1867.—Annual Report of the City Registrar of the Births, Marriages and Deaths in the City of Boston for the year 1866.

Married,—At Terre Haute, Ind., 13th inst., Dr. Chandler B. Braman, of Brighton, Mass., late Assistant Surgeon U.S A., to Miss Cecilia O. Gage, of Terre Haute.

Died,—In this city, 19th inst., J. Mason Warren, M.D., aged 56.

Deaths in Boston for the week ending Saturday noon, August 17th, 90. Males, 40—Females, 50. Accident, 3—disease of the bowels, 1—disease of the brain, 2—bronchitis, 1—cancer, 1—cholera infantum, 26—consumption, 12—convulsions, 2—cystitis, 1—diarrhœa, 4—dropsy, 1—dropsy of the brain, 3—drowned, 1—dysentery, 5—scarlet fever, 4—disease of the heart, 2—infantile disease, 2—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 2—marasmus, 3—old age, 1—paralysis, 2—premature birth, 1—scrofula, 1—smallpox, 1—disease of the spine, 1—tetanus, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 51—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 67—Ireland, 13—other places, 10.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VACCINATION.—RE-VACCINATION.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

By B. E. Cotting, M.D., of Roxbury, Associate Member.

"Vaccination so badly performed, ... that on examination of the arm a few years afterwards nothing can be seen but a miserable, flat, white speck or two, which no medical man who knows anything of smallpox can regard as protective."—*London Medical Times and Gazette*, Feb., 1867.

"During the present season we have known a succession of half a dozen cases of variolous[*] disease to occur in one house, showing either great neglect on the part of the physician in attendance on the first case, or the most stupid unwillingness on the part of those subsequently attacked to protect themselves by re-vaccination."—*Boston Medical and Surgical Journal*, April, 1867.

With these two extracts before us, so recently published and copied into the newspapers of the day, it may be somewhat hazardous to express one's opinion, or to attempt a discussion of the subject, yet we do not believe the dictum of either to be in accordance with correct observations or true philosophy.

No two individuals are susceptible in the same degree to any one disease, be it smallpox or any other disease.

Some persons have a natural exemption from smallpox; and, however frequently exposed, or inoculated, go through life without contracting the disease. Of course these have no scars to indicate the thoroughness of their protection. To say nothing of "*variola sine variolis*," other persons take the disease only in a mild or "distinct" form, which leaves here and there a few more or less indistinct scars, bearing no proportion, however, to the amount of protection. Others, again, suffer from repeated attacks, even after the first has left many and enduring evidences of its severity.[†] The number, already disfigured with deep pits, still liable to a second or even a third attack of smallpox, is greater than is generally supposed.

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[*] The writer was taught to call variol*oid* (*variolæ-eidos*, the *image* of smallpox) all cases of variolous disease occurring after vaccination—a distinction not well kept up of late, but one which would prevent much confusion in discussing these subjects. Thus, without such distinction, one practitioner may assert that he has never known a death from varioloid, and another admit that he has, while both may have attended the same fatal case.

[†] "It is remarkable that almost all the well-authenticated cases of second smallpox have been of those persons who, in the first instance, had undergone it in its most severe and dangerous forms."—Sir G. Blane, *Dissertations, &c.*, 1822, p. 209.

On what, then, does the immunity depend? In a few, on complete natural insusceptibility. In the rest, certainly, as the above facts show, not on the number of pustules, nor the violence of the constitutional affections—the more susceptible, naturally, taking a severer form and becoming more deeply scarred than those less susceptible, and therefore less liable to a second attack, who have only a milder form, with fewer and more superficial pustules. In other words, neither the constitutional symptoms nor the outward manifestations constitute the disease, but that agency* or unknown something, which, taken into the system and incubating there for a number of days, at length gives rise to these processes, and to a greater or less degree destroys the individual's liability to another attack. The scar is merely an evidence of how much of the true skin is destroyed; and this destruction of the cutis is the simple result of the common suppurative process (a fact confirmed by the latest and most thorough investigations), and is in no manner peculiar to smallpox or analogous diseases.

So much for the disease when taken in the *natural way*. When artificially produced by *inoculation*, the undiscoverable cause is conveyed into the system in the lymph deposited beneath the cuticle. After its absorption, followed by a period of incubation, about half the length of that of the disease when taken naturally, constitutional symptoms appear, and are soon followed by the eruption, but not so numerous, nor so deep and liable to produce scars, as when the disease arises naturally from infection.

And further, when *vaccine* disease is inserted, there is likewise, after its absorption, a period of incubation, but the constitutional disturbance which follows is less; and there are seldom any other pustules than those where the vaccine virus has been deposited. The size and depth of the scars depend, as in the former cases, entirely on the amount of the cutis accidentally destroyed by a suppurative process, and while they thus can in no way be a measure of the constitutional affection, or subsequent immunity, they are equally of no value as a test of perfect or imperfect vaccination, unless a large scar may be a sign of rudeness of performance, or of unnecessary extension of the surfaces scarified in the operation.

Now of these three forms of disease the vaccine is without question the mildest constitutionally, and the least marked externally, yet in the earlier days of its history it was thought to be equal in protective power to smallpox itself. About ten years after Jenner published his original essay, a Committee of the Massachusetts Medical Society, through Dr. James Jackson, in a report adopted by the Society, say that "persons who undergo the cowpock are thereby rendered as incapable of being affected by the virus of smallpox as if they had undergone the latter disease."—*(Med. Com. Mass. Med. Society*, No. II., Part II., p. 137.) The testimony of other observers about that time was quite, or nearly, as strong. But, if it has since appeared that vaccination was formerly lauded above its merits, and that, when thoroughly performed, it does not protect all, or so many as smallpox or variolous inoculation, yet its protective power is vastly out of proportion to its mildness as compared with either of these diseases; showing as clearly as a demonstration that immunity is dependent upon, or results from, something entirely distinct from the severity of the attack, whether in the general, external or local exhibition. In truth, immunity arises from a change wrought in the system, of which every "medical man who knows anything" of such matters knows that after vaccination, no matter how often repeated, and after smallpox also, there is no criterion except subsequent exposures.

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* "totamque infusa per artus
Hæc agitat molem, et magno se corpore miscet."

Thus protection, being neither the result of, nor in proportion to, the severity of the disease, and not to be measured by the number, size or peculiarity of the scars, is completely attained only when susceptibility is extinguished, be it after a single or a repeated attack. It is also as evident as the nature of the case admits of, that whenever this susceptibility is destroyed, it is not renewed; that once protected, the individual is always protected. It is contrary to analogy, experience, and experiment to suppose otherwise.* Further, if an individual can receive smallpox a second time, to such a degree at least he may receive a second vaccine disease. This may happen within a few months after the first reception, as we have had repeated opportunities to witness, or even after a few days, as well as after a longer interval.†

For a large proportion one vaccination is enough. A second, if desirable at all after having been once thoroughly done, is so only to ascertain the amount of susceptibility remaining after first trial.‡ Whenever decided upon, the sooner resorted to the less the chance of varioloid so far as immunity can be obtained by vaccine saturation. Even this saturation, however, is not always enough. "The only proper test is that which arises from the insertion of the variolous lymph," says a Report published by the Provincial Medical Association, in 1840. Dr. Gregory thought so, and inoculated his own child after vaccination *(Med. Gazette*, 1845). When vaccination has effected all the protection it is capable of, its repetition may still cause severe disturbance without adding to the immunity. This was early noticed. In 1807, the medical officer of an English vaccine institution reported severe smallpox in a child of six years, who had been thoroughly vaccinated when two and a half years old, at the institution, and four or five months afterwards re-vaccinated to satisfy its mother. The second vaccination produced a sore arm, which lasted several weeks, but apparently nothing was gained by it (*Med. Rev.*, 1807, vol. xv., App. p. 126). In fact, useful or not, re-vaccination is not always the trivial affair it is usually represented to be. On the contrary, disasters from this source are frequent and damaging. This is not often properly revealed to us; not certainly in statistical reports in favor of the practice. Very likely a full statement would appal even its advocates. Severe illness is often thus produced; and a fatal termination occasionally the result of it. Possibly there have been as many deaths from repeated vaccinations as from varioloid after first vaccinations.

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* Dr. Paget's suggestion (Harveian Oration, 1866), that protection may perhaps be removed by a subsequent disease producing "a fresh modification of the constitution," has only a shadowy origin, according to his own showing.

† So we wrote years ago; continued observation and experiments only confirm us in these positions. As to recurrence after a short interval, it is not infrequent in other diseases. "Two attacks of measles within six weeks in the same patient," are reported in the Boston Medical and Surgical Journal, May 9, 1867, p. 282.

‡ "The safe course is to note down every case which is doubtful, and at the end of six or twelve months to repeat the insertion of the vaccine virus."—*Med. Com. Mass. Med. Society*, Rep. cit., p. 108.

Such are some of the reasons why vaccination should not be said to be "badly performed," or to afford no protection, because followed only by a "speck or two"; why hesitation on the part of the practitioner to re-vaccinate should not be branded "neglect"; and why unwillingness on the part of a patient should not be called "stupid." Many, some even among the profession, prefer the risk of varioloid to the chance of an inflamed arm, with the somewhat hazardous constitutional affections which often follow re-vaccination. Although few of us would go so far as Dr. Copland, who says (*Dict.*, Art. *Small-pox*, § 105), "we are doubtful which to prefer—vaccination, with its present benefits and its future contingent dangers, or inoculation, with its possible present dangers and its future advantages," yet we have heard many after varioloid rejoice in the security thus obtained, but which they never before felt confident of from vaccinations alone.

The results of some observations recently made under circumstances peculiarly favorable for testing the correctness of these positions, are tabulated below. The records of each case were kept at the time by competent assistants, who had no theory, and knew not what use might be made of them. The first nine cases (Nos. 1 to 9 inclusive) were one household to which varioloid was brought by one of the members, and was far advanced before their medical attendant was called in. The second group, another family of four (Nos. 10 to 13 inclusive), received the disease from the first. The third group of thirteen cases (Nos. 14 to 26 inclusive) formed another household, quite distant from, and having no connection whatever with the other two. The disease was brought in, in a way similar to the first. As it was severely cold and stormy weather, all these families were obliged to huddle together in their warmest rooms, and could not have proper ventilation. With two exceptions noted below, exposure to disease for weeks by infection and contact could not by any possibility be more thorough than theirs—an exposure sufficient, according to the traditions of an ancient smallpox institution, to have produced a similar amount of "symptoms and eruption" in a proportion of those who had before gone through with smallpox itself. Re-vaccination was declined by the parties concerned, who appear abundantly satisfied with the result, in the belief of the greater immunity thus acquired. They certainly suffered less than many cases we have seen from re-vaccinations.

No.	*Age.*	*Sex.*	*Date of Attack.*	*Numbrr of Pustules.*	*Order of severity of Illness.*	*When Vaccinated.*	*Number of Spots.*	*Appearances of Scars.*	*Re-vaccinated.*
			1866						
1	48	M.	Dec. 3.	entirelycovered.	1	infancy.	1	small.	never.
2	38	F.	“ 17.	about half doz.	2	“	1	small.	“
3	35	F.	“ 18.	“ “ “	5	“	1	hardly visible.	10 years ago.
4	1¼	M.	“ 18	“ “ “	4	“	2	*very* large.	never.
5	18	M.	“ 20.	“ “ “	7	“	1	large.	“
6	10	F.	“ 21.	“ “ “	6	“	2	large.	“
7	8	F.	“ 21.	“ “ “	3	“	2	very small.	“
8	74	F.		not attacked.		youth.	1	very small.	“
9	65	F.		“ “		“	3	large from re-vaccination.	12 years ago.
			1867						
10	9	F.	Jan. 14.	about 50.	1	infancy.	3	not large.	never.
11	6 w.	F.	“ 28.	“ 25.	2	“	1	very large.	“
12	27	F.	“ 28.	symptoms only.	3	“	2	large.	“
13	30	M.		not attacked.		“	1	small.	6 years ago.
14	39	M.	Feb. 17.	3 or 4 dozen.	1	“	2	well marked.	never.
15	17	F.	Mar. 4.	6 “	3	“	2	small.	“
16	37	F.	“ 4.	3 or 4 pustules.	7	“	2	very large.	“
17	7	F.	“ 4.	3 dozen.	2	“	2	small.	“
18	13	M.	“ 11.	3 or 4 “	5	“	2	very large.	“
19	10	M.	“ 24.	about a dozen.	6	“	2	very small.	“
20	13	F.	“ 24.	“ “	4	“	2	very small.	“
21	27	M.	“ 11.	symptoms only.	8	“	2	large.	“
22	15	F.		not attacked.		“	2	large.	“
23	4	F.		“ “		“	3	very small.	“
24	2	M.		“ “		“	2	very small.	“
25	40	F.		“ “		“	1	hardly visible.	“
26	25	M.		“ “		“	2	large.	“

The cases in the above table are arranged according to date of attack. No. 1 was by far the most ill, and was confined to the bed for many days. No. 2 took to the bed for two or three days only. The remainder of those attacked in the first family were able for the most part to keep about, though the constitutional symptoms, especially in the youngest child (No. 4), were quite severe. Those attacked in the other two families were not so sick on the whole as those in the first, but the number of pustules was greater in most of their cases. By the table it may be seen that an infant (No. 11) of six weeks, in the cradle, having two large scars, with its arm still red from vaccination three weeks previous to the variolous attack, had a severer form of varioloid than a woman of 35 years (No. 3), with a single scar, hardly discernible, from vaccination many years before;

that a child of fifteen months (No. 4), with two *very* large scars from vaccination when two months old, had a severe attack of varioloid, while a woman of 74 years (No. 8), having only one very small mark from vaccination more than half a century before, wholly escaped; that a child of 2 years (No. 24) and a woman of 40 years (No. 25), each with only "a miserable speck or two," were alike untouched; and so with regard to other points in question. Thus, so far as these cases go, and they agree with other observations made through many years, there is not any noticeable difference to be attributed to sex or age, to the number, size or appearance of scars, or to the length of time after vaccination. Two (Nos. 9 and 13), re-vaccinated years before, escaped; but no inference can be drawn from this, for they happened to be the least exposed, if exposed at all, having kept aloof or being absent for the most part, and ought not to be included in the list, except to give it completeness. In another (No. 3), in whom the varioloid was of average severity with the others attacked, re-vaccination had been attempted ten or more years before, with nugatory effect. In other families, however, we have seen instances enough to prove, to our own satisfaction, that repeated re-vaccinations are of very doubtful efficacy in increasing the degree of immunity previously acquired, are often the source of much unnecessary suffering, and not always unaccompanied by danger to life itself.

The only rational explanation of such varied and somewhat disappointing results is to be found in the frequently inadequate protection obtainable by vaccination,* measureless boon as it is, and in the different original susceptibilities of individuals.

Until some means are discovered whereby to estimate these, especially the latter, better than any now known, denunciations of ignorance and neglect may as well be abstained from by honest inquirers after truth.

REPORT OF THE CASE OF J. MASON WARREN, M.D.

[Read before the Boston Society for Medical Improvement, August 26th, and communicated for the Boston Medical and Surgical Journal.]

By C. G. Putnam, M.D.

In youth, Dr. Warren's health was feeble, and, in later years, he has labored under an unusual weight of infirmities. In addition to sensitiveness of the nervous system and peculiar susceptibility of changes of temperature, he has had an operation for hæmorrhoids, performed by Dr. Cabot, and a painful affection consequent upon an acute inflammation of the sciatic nerve. But the primary morbid condition underlying these infirmities was disease of the digestive organs—

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* "We are persuaded that vaccination has suffered from nothing so much, and has hereafter to fear from nothing so much, as the injudicious zeal of its friends."—(*Boston Medical and Surgical Journal*, Editorial, May, 1828.) Never a remark more true—and one equally applicable to the whole medical art.

manifested by excessive acidity and oppression after taking food, and, latterly, by frequent colic and imperfect alvine evacuations.

These were the prominent symptoms during the last two years.

About four months ago, a tumor, about the size of an egg, could be felt in the right iliac region. It was moveable, hard, apparently irregular in shape—not tender on pressure. At this period the abdominal pains had increased, the appetite began to fail, and our patient had nausea and bitter taste in the mouth.

July 23. In great pain. At times bowels feel as if "tied in knots," especially on motion. Went out of doors, but was unable to walk, on account of pain. Had, at breakfast, a morsel of bread with a little coffee.

26th, 10 A.M. Severe griping, twisting pain, all night. During my visit, he indicated the places where the soreness and tension were greatest. I had not made any examination for several weeks, for fear of aggravating the disease. Skin cool. Pulse 80. Tongue very slightly furred—complains of nausea. Entire want of appetite, but he had an egg for breakfast.

11 P.M. Had a little appetite for dinner—ate a morsel of mutton chop, and fell asleep, but soon awoke in great pain. The pain now recurs in frequent paroxysms, attended with "agonizing" distension. Hot fomentations over abdomen. Had some remission from distress by inhaling ether and chloroform, but was obliged to discontinue it on account of nausea. Vomited a little acid tasting water—very foul taste in mouth.

At 12, had enema of warm water, which brought away a small well-digested fæcal dejection.

July 27, 2 o'clock, A.M. Distress "could not be borne." Had hypodermic injection of $\frac{2}{3}$ gr. sulphate of morphia. Immediately fell asleep.

1 P.M. Has slept four hours. On waking took a little coffee, but soon vomited a teaspoonful or two of it. Again fell asleep, but now "the pain is creeping from the right iliac region all over abdomen." The tumor is now evident to the eye, elongated in shape, and very tender to touch.

7 P.M. Occasionally dozing, but awaked by sharp pains "darting up towards thorax." Lower third of abdomen greatly distended. Likes to have gentle pressure over epigastrium.

10 P.M. Hypodermic injection of morphia, half a grain.

28th. 10 A.M. No pain in night, but no sleep. Tongue more furred, mouth dry. Pulse 72. Skin natural. Nausea on swallowing even a tea-spoonful of water. Feels as if "a stone were at the umbilicus."

July 31. 10 A.M. Hypodermic injection last night was omitted at his request. Slept a little, but calls it a "wretched" night. Takes a wine-glassful of champagne with some relish.

10 P.M. Has passed a "miserable day." Hypodermic injection of sulphat. atropia and morphia. The solution of atropia and morphia was the following :—℞ Morph. sulph., ℈j. ; atrop., gr. ⅔ ; acid. sulph. dilut., ♏vi. ; aquæ, ℥ i. M. Dose, 20 drops. To this morphia was added *p. r. n.*

Aug. 1. No pain during day, but cannot swallow anything without nausea. Enema of beef tea. Hitherto has been able to walk about the chamber, but now cannot walk without support.

Aug. 11. Had full dejection yesterday noon. "Twisting and distension" in occasional paroxysms, and constant sense of faintness, dryness of mouth, and choking; stickiness about throat. Frequent desire for alvine evacuation, not "from usual sensation at the rectum, but higher up."

Without continuing these details, I would remark that during 10 days he had no evacuation from the bowels, but subsequently had frequent dejections, some of them more natural than had occurred for months.

The pulse once only was above 100. General average, 75 to 80. Skin cool. Tongue furred and mouth constantly dry and pasty.

On examination after death, by Dr. Oliver, there was found a malignant tumor of the cœcum—globular, and about two inches in diameter. It was situated about eight inches from the ileo-cœcal valve, and was intussuscepted within the lower portion to the depth of four inches.

Upon advising with me many years ago it was very evident that nothing was to be gained by active medication, and that with the exception of occasional palliatives—such as mild bitter tonics, with mineral acids, or more often alkalies—the health was to be maintained by a very careful diet, which he followed with unusual fidelity.

When confined to his chamber he continued to take his shower bath, when almost too feeble to stand. The most acceptable nourishment was a small cup of coffee in the morning. At noon he was able to take a spoonful or two of chicken broth or beef tea, and if it was rejected, an enema of beef tea. During the day a little cold black tea was the most refreshing of his drinks. On going to bed a fomentation to the abdomen was made by wringing spongio-piline in hot water, and sprinkling it with laudanum. Fearing a prejudicial effect from opiates upon the stomach, he was unwilling to resort to them until the pain became intolerable; but in point of fact, the hypodermic injections seemed rather to lessen than to increase the nausea; and perhaps those were the most comfortable moments of the day, when, under their influence, at bed time, he took champagne with comparative relish. At first the single night injection, varying from one-half to two grains of morphia, sufficed for the twenty-four hours, but latterly the "wearing" pain remained unless controlled by opiates. The frequency of their repetition, and the strength of the solution, were regulated by the amount of distress.

At the time these symptoms had become aggravated, he attended the meetings of various societies as usual, and after almost sleepless nights, with pain aggravated by motion, he continued to make the daily visit at the Hospital, performing operations, some of them important and elaborate, until the end of his term of service. He persisted in this course partly, no doubt, because it contributed to divert his mind from his sufferings, but in great measure, also, because he made it a rule not to accept the honors of office without punctiliously discharging its duties.

The quarterly meeting of the council of the Medical Benevolent Society, of which he was president, was held at his house on Thursday, the 25th. Upon receiving my notification, I proposed to him to let some one else preside; but he chose to go through with the business, and, with his accustomed genial manner, rose from his chair to receive each member, without the slightest manifestation of pain. This grateful service was the last in which he participated. The night following was one of great agony, and it was then he had his first opiate.

His mind was clear up to the last forty-eight hours, when he remained in bed, in a semi-conscious state, partly from the effect of the opiate, partly from inanition.

Thus, in the prime of life, and while yet in the conscientious discharge of its duties, we have lost the eminently accomplished surgeon, the faithful friend, the invariably courteous gentleman.

ON PULSATILLA.

By John C. Peters, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

Dioscorides recommended pulsatilla internally in inflammations of the eyes; and, made up into pessaries, for suppression of the menses. Pliny says it is useful in headache and fever and ague, and the earlier Arabian physicians also used it in the above diseases. Cullen says this is one of the remedies, the revival of which we owe to the benevolent industry of Baron Stoerck. But he ascribed so many wonderful effects to it that his credit was hurt with many physicians; and this happened the more easily as the plant rapidly deteriorates by age.

It was undoubtedly on the authority of Stoerck (see *Libell. de usu Medico Pulsat. nigr.* 1771) that this remedy was again received into medical practice. His experiments were accurate and thorough, for he administered it both to the healthy and sick. His mode of administration was also peculiar, for he had either the plant or extract rubbed up into a very fine powder in a marble mortar, and well saturated with sugar of milk, just as Hahnemann subsequently directed. Hahnemann was only sixteen years old when Stoerck's work on pulsatilla was published; and the Baron was in the zenith of his fame, while the future homœopathist was a student and undergraduate of medicine. But Stoerck mixed from 7 to 14 grains of the extract with 1 drachm of sugar of milk, and gave from 20 to 30 grains, 2 or 3 times a day; or from 1 to 3 grains of the dried plant; or from 20 to 60 drops of the tincture; or from 2 to 4 drachms of the distilled water of pulsatilla, from 2 to 4 times a day.

In these doses Stoerck says it sometimes disturbed the stomach and acted on the bowels. When the menses were scanty or suppressed it acted as a true emmenagogue, so that they became regular in time and normal in quantity. The urine often was discharged somewhat more copiously; and salivation, like that caused by digitalis, was noticed several times. Pains in the head and eyes, somewhat like those induced by belladonna, were apt to occur. Perspirations, like those caused by opium and aconite, were sometimes observed.

In addition, it has been believed to exert a specific action upon the mucous membranes, like senega, tolu, cubebs, iodide of potash, &c. Vogt says it causes a more active movement of the fluids and increased metamorphosis of the tissues, followed by more copious discharges from the internal and external membranes, such as greater moisture of the eyes, nostrils, and bronchia, with some inclination to sneeze and cough, and some increased flow of mucus and expectoration; also with more or less irritation about the kidneys, bladder, urethra and vagina.

There are many points of similarity between the curative actions of senega and pulsatilla. Thus the latter has been used from time immemorial in diseases of the eyes; while Wendt, Chelius, Von Ammon and other distinguished German authorities attribute to senega a very decided influence over catarrhal and semi-scrofulous inflammations of the conjunctiva, even including those which are complicated with a rheumatic or gouty element.

Stoerck first tried pulsatilla upon himself for an affection of the eye, for he had suffered much for two years in consequence of a violent contusion. He thought it caused severe lancinating pains in the affected parts, which he regarded as a favorable omen, and says a cure subsequently followed this aggravation. Stoerck frequently alludes to medicinal aggravations while treating of other remedies, and in fact this was a favorite notion with this distinguished physician It is very well established that Hahnemann adopted, or rather appropriated many of Stoerck's views, especially those about aggravations and the preparation of remedies by trituration with sugar o milk. It is equally well known that he did not give Stoerck prope credit.

Stoerck subsequently administered pulsatilla in many cases of internal ophthalmia, iritis and amaurosis, especially those arising from secondary syphilis, chronic rheumatism, or from the suppression o various eruptions or piles, menses, or from a check of perspiration. But Schmucker, Bergius and Richter were not as successful as Stoerck claimed to be; while Graefe was obliged to add 1 grain of corrosive sublimate to every 6 ounces of an infusion made from 3 drachms of the herb; and Rust gave from 20 to 60 drop doses of a solution of ½ drachm of the extract in 1 ounce of antimonial wine. A pill, composed of 1 grain each of colchicum, aloes and calomel, will prove far more reliable than pulsatilla in syphilitic and rheumatic or arthritic iritis, as I well know from abundant experience, although the addition of 1 or 2 grains of extract of pulsatilla may not be amiss. Stoerck also recommended pulsatilla in cataract and opacities of the cornea; and there is no doubt that it could be used to advantage in many chronic affections of the internal eye. Kopp has used it successfully in scrofulous ophthalmia and morbid sensibility of the retina; also in severe neuralgic pains in and about the eye.

Stoerck has reported several cases in which pulsatilla given for amaurosis has caused a return of the menses which had been suppressed from one to several years; and Chapman has recommended senega as one of the most active, certain and valuable of emmenagogues. Both medicines are doubtless most useful when retardation or suppression occurs in consequence of the presence of severe catarrhal or bronchial affections.

Both remedies have been used successfully in catarrhal affections of the eyes, nose, ears, throat, air tubes, gastro-intestinal and urinary organs. Wood knows of no one medicine in which he has greater confidence than in senega, against chronic bronchitis, whether attended with profuse or scanty expectoration. He says it seems to act quite independently of any observable influence as an expectorant, and possibly by an alterative action upon the mucous membrane; while pulsatilla has been used by DeRamm and Lobenstein Lobel and others in many severe coughs, even in whooping cough, against which they say it is more useful than belladonna or opium. They gave ¼ or ½ grain doses of the extract to small children, three or four times a day; ½ to 1 grain doses to those five years old; and 1½ to 2 grain doses to older patients.

Both remedies have been used as diuretics, and in chronic rheumatism.

When taken in large doses, pulsatilla often causes profuse perspiration, which may be offensive, sometimes followed by the outbreak of small vesicles or other eruptions upon the skin, and even pustules or paralyzed limbs. This, together with its specific action upon the eyes and mucous membranes, has led to its use in measles, especially when they do not come out readily, or are suppressed. But in ordinary cases, small, non-nauseating doses of ipecac, aided by some mild anodyne for the cough and restlessness, such as lactucarium, fluid extract of scutellaria, or hyosycamus, or conium, or even a small quantity of narceine, codeine or morphine will prove far more useful and comforting. In many cases small doses of paregoric are all that is required.

Pulsatilla is used in many dyspeptic troubles, especially in biliousness and indigestion connected with excessive secretion of mucus in the stomach and bowels. Senega, which is a stimulant and irritant, may prove useful in some cases of debility and atony of the stomach when coupled with derangement of its mucous secretions. But a mixture of bismuth and cubebs is often more serviceable than either.

From its specific action on the head, eyes and stomach, pulsatilla has been regarded by some physicians as a specific remedy for sick-headache, and it was used for headaches as early as the times of Pliny. A dose given every night during the intervals will sometimes postpone and lighten the attacks.

In conclusion, Vogt and Sobernheim class pulsatilla among the acrid narcotics in company with conium, digitalis, aconite, belladonna, colchicum, &c., and suppose that it acts as specifically upon the mucous membrane, as conium does upon the glandular tissues, or aconite upon the skin, fibrous tissues and vascular system, digitalis upon the kidneys, and colchicum upon the liver.

It will be noticed that Stoerck gave the great impetus to the use of pulsatilla in 1771, since which time all German physicians have used it, while Hahnemann only commenced to appropriate it in 1812. It is a singular fact that the latter used or recommended it in few or no diseases against which it had not been previously employed in rational and efficient doses. His extensive acquaintance with the ancient medical authorities led him to use many obsolete remedies in the very diseases against which they had been employed in former times, and such was his infatuation about infinitesimal doses, or such his inability to find other indications, that he very often contented himself with administering his inappreciable quantities of medicine, or rather, sugar of milk and starch, against disorders to which they have not the slightest homœopathic relation. Thus, aconite, which is an arterial depressant and sedative, like digitalis and veratrum viride was decreed to be homœopathic to fever and inflammation, against which it is most decidedly an antagonistic remedy. All the thousands and tens of thousands of cases of febrile and inflammatory disease said to have been cured by infinitesimal doses of aconite, must be regarded as simple recoveries.

The State Lunatic Hospital at Harrisburg, Penn., now contains 358 patients—a larger number than at any former period, and quite as many as can be suitably accommodated. The Asylum at Dixmont is proportionately crowded, and there is a growing necessity for a new institution in the northern counties. A bill for the establishment of one, before the last Legislature, was defeated.

HYDATIDS OF THE UTERUS SIMULATING PREGNANCY.

Communicated by C. A. Wheeler, M.D., of Leominster, Mass.

Since reading Mr. Ley's case of hydatids in the last number of Braithwaite, I am induced to report a somewhat similar case that recently occurred in my own practice. Judging from his remarks that such cases were not common, I thought that perhaps the case might not be uninteresting to the profession.

A lady, aged 29, who had a child about two years ago, recently sent for me and informed me that she was four months gone in pregnancy, and that for the last four or five weeks she had had a troublesome hæmorrhage from the womb. The flow, she said, had been more or less constant during that time, the discharges being at times dark, at others fresh as from a cut.

She seemed to have all the symptoms of pregnancy; had had morning sickness, increase in size of abdomen, &c. Her pulse was normal, appetite good, bowels rather constipated, pain in the small of the back; this latter symptom was an early and constant attendant upon the menorrhagia.

Fearing a threatened abortion, I ordered opiates, sinapism to back and absolute rest, with directions to call me should any new symptoms appear, or if she got no relief. I saw her again in a few days; there was no abatement of pain or flowing, a little increase of latter if anything. I found on vaginal examination that the cervix was softened to about one-third its extent; thus this important symptom confirmed my diagnosis. Now ordered tr. ferri muriat. in doses of 15 drops four times a day, and continued this treatment for two weeks, but with no diminution of the flowing. Then prescribed oleum erigeri, with like results; afterwards small doses of ergot, vaginal injections of dilute sulphuric acid (5 drops to the oz. of water), but the hæmorrhage steadily increased from week to week, so that at the end of 4 weeks from the time I first saw her, it amounted to 3 or 4 ozs. per day, which affected her strength seriously. About this time she said she began to feel *motion* of the fœtus quite distinctly. Suspecting I had got a case of placenta prævia, and seeing no prospect of arresting the hæmorrhage until the uterus had expelled its contents, I advised producing premature labor. Comprehending the necessity, the patient consented. Made another vaginal examination, found a slight advancement of softening of the cervix, and noticing some brown patches of membrane, or what appeared to be such, told her I thought the fœtus might be dead; she asserted that it could not be so, for she felt the motions very vigorously. The next day I introduced a sponge tent into the cervix and plugged the vagina.

Labor came on in 24 hours, pains quite frequent but feeble. Removed the plugging and tent, and found the os dilated so as to admit my finger, and a soft mass presenting, which I took to be the placenta. The hæmorrhage was not greatly increased. The expulsive efforts of the uterus continuing feeble, I gave ergot, and was obliged to push it as far as I dared, before the uretus could be stimulated sufficiently to expel its contents. About four hours after the first dose of ergot was given, I discerned, in one of my examinations, that the vagina was completely filled with a soft mass, which, readily breaking up under pressure, I took to be a clot, but, on removing a portion, discovered I had got a case of hydatids, as much to my surprise as to the patient's. I removed, in the course of half an hour, about two quarts of this substance, which resembled exactly the mass that Mr. Ley speaks of in his case. It was composed of hundreds of watery vesicles, some quite minute, others as large as the end of the finger, united by a substance resembling the body of a placenta, but as readily breaking down under pressure as clots. The womb contracted well after its contents were expelled. There was not as much hemorrhage as is usual during an abortion at five months. On the third day there was a slight secretion of milk. The lochial discharge continued about as long as after ordinary cases of labor. The patient made a rapid recovery.

CARELESSNESS IN THE COLLECTION OF DRUGS.

By J. M. Maisch.

Careful pharmacists will always subject new lots of drugs to the process of garbling. When large quantities of different drugs are dried at the same time in the drying closet or room, or when original packages are kept open side by side in the warehouse of the wholesale dealer, the drugs may become mixed to a slight extent. These chances alone, aside from all possibilities of intentional admixtures, render it incumbent upon the pharmacist to subject each parcel to a rigid examination, and separate all foreign admixtures, as well as all unofficinal parts of officinal plants.

Of late years, the quality of certain drugs has constantly assumed a lower grade. Alexandria senna, which was always more or less mixed with petioles and with leaves which, to a casual observer, might pass for senna, has gradually become adulterated with stalks to such an extent that, by garbling, fully 50 per cent. may be separated, thus enhancing the price of a passable drug to double the amount of the commercial article. While it is possible that some careless or unscrupulous persons may use these impure leaves, the majority of pharmacists probably employ the East Indian or Tinevelly senna, unless the Alexandria variety is particularly ordered.

This is only one instance;. but every pharmacist will remember many others. If, in the inspection of the imported drugs at the ports of importance, the United States Pharmacopœia is taken as the guide, it is to be wondered where the drug inspectors find the authority for passing senna leaves containing half of their weight of leaf stalks and branches, or how they can allow genuine Russian rhubarb manufactured in western Europe to enter our ports, after the true drug has been used up for years.

To a considerable extent, these evils arise from the fact that importers will limit the price of drugs when ordering them by letter from foreign countries, and dispensing pharmacists will continue to buy cheap drugs. It is for this reason that in foreign drug markets drugs are frequently considered good enough for the American market, when no apothecary would dare to keep them in his store, and no wholesale dealer would have the hardihood to offer them to a respectable pharmacist. Valerian with more than its own weight of dirt enclosed between the fibrous roots, belladonna mouldy and black by careless drying and packing, narcotic extracts containing all the chlorophyl and all the mucilaginous constituents of the plants, are thus thrown upon us, notwithstanding it is well known that by paying a fair price a fair article may be obtained in these same markets.

Most inferior crude drugs are undoubtedly in such a condition from the utter carelessness in their collection, and this is induced by the low price paid for them; but the inferior preparations are and must be produced designedly, and the fact of a too low price being obtainable only, is no excuse for a conscientious manufacturer. Still, with the drug law faithfully carried out, such worse than worthless trash could not enter from abroad.

It is, however, easy enough to preach against the unreliability and the impurities of some foreign drugs; are we not, to a certain extent at least, drifting in the same direction with our indigenous drugs?

Without intending to intimate that it is the rule, I may state that I have found Veratrum viride with almost 12 per cent. of worthless stalks attached (see Am. Journ. Ph. 1864, 99); the roots are always attached to it, although they are at least inferior to the corm, if not actually worthless. Seneka, and particularly spigelia, may be seen with several inches of the over-ground stem attached to it; elder flowers consist in the smallest proportion of the flowers—the cymes are collected with as much of the peduncles as possible; in the same manner, instead of the fruit alone, the commercial so-called (wild) carrot seeds consist of the entire umbels.

And where the leaves are officinal or the herb is ordered, it is usual to collect the *whole* herb, cut off near the ground, without regard to the inefficiency of the older portions of the stems. When the pharmacopœia orders the leaves of Salvia officinalis, it did not intend to have from 12 to 25 per cent. of stems mixed with them. Although directing the herb of Mentha piperita and other plants (the leaves and flowers are the true aromatic portions), the stout, tasteless stem was certainly not designed; the *herb* of Lobelia inflata does not include the root; and when Epigæa repens is wanted, notwithstanding it is not officinal, the astringent leaves only are intended, and not likewise the creeping woody stems, which are destitute of astringency.

Nor is this all; occasionally plants or parts of plants are brought into the market under entirely wrong names. Most readers are undoubtedly familiar with the interesting discussion on saffron at the meeting of the American Pharmaceutical Association in Boston, in 1865, when safflower (carthamus) was exhibited under the name of saffron. I have lately repeatedly seen what was announced as marigold, Calendula officinalis, and proved to be Tagetes erecta, the so-called African marigold. The florets of calendula are used chiefly on account of their bright yellow color, and it is not improbable but the florets of Tagetes may be used for the same purpose; but then they alone ought to be collected, without the involucre, receptacle and fruit, and, more than that, they ought to be sold under their proper name.

Our indigenous materia medica is undoubtedly scarcely explored; there may be many plants which are hardly known as remedial agents, and the future will necessarily bring to light many which have as yet attracted no attention. To create and keep up confidence in these drugs, it is indispensably necessary that sufficient care should be bestowed upon their collection and preparation for the market. To point out some of the faults in the drug gathering of our country, with the view of correcting the same, has been the object of this paper; and the writer feels assured that every conscientious pharmacist will agree with him, that even at the risk of increasing their price, it is far better that they should be collected and prepared correctly at once, than that he should devote so much of his valuable time to garbling them so as to fit them for their medicinal uses.—*Amer. Jour. of Pharmacy.*

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DISINFECTION.

THE importance of this subject is one which can hardly be over-estimated at the present day. It is occupying the attention of the leading minds in the department of pathological chemistry, and the most sanguine expectations of important accessions to our knowledge of the hidden causes and means of prevention of zymotic disease seem to be fully justified. It is, however, a subject upon which the medical profession at large is less fully informed than it should be; and there are still men among them, whose authority has stood deservedly high in times past, who regard the whole subject as little better than a means of mystifying the public, and giving them a false security in times of panic from dreaded epidemics, by making them believe that disinfecting agents actually destroy the germs of disease, while in fact they act merely as purifiers or deodorizers. Such an opinion is not justified even by the present imperfect state of our knowledge of the nature of the *materies morbi* in infectious diseases, or the testimony within the reach of any one who will look for it, of the positive potency of disinfecting substances in actually destroying it.

The skepticism to which we have referred may doubtless be accounted for in part, by the popular notion, which associates all noxious emanations likely to produce disease with offensive odors. In times past, before chemistry and the microscope, employed in etiological research, had changed the theories of disease, as much as the use of the telescope revolutionized the science of Astronomy, such crude notions had extensive currency in the medical profession itself; and the historic vinaigrette, which the physician carried in the knob at the end of his cane, was held to his nose when attending any case of malignant disease, in full confidence in its protecting power. Camphor bags are still in popular use; and we are told that in New York last year, at the commencement of the cholera epidemic, almost every other man on Broadway had one hung about his neck, which "ever and anon" he snuffed as a talisman against the dreaded disease.

It is time that such ignorance was dispelled, and the truth fully appreciated by the public, that bad odors and infectious disease have no necessary connection; that the gases of putrefactive decomposition and the virus of specific diseases are separate and distinct things; that each may exist without the other, and that the amount of the former is no measure of the power or virulence of the latter. The former are unquestionably powerful causes of some forms of sickness. In large quantities, rapidly inhaled, they affect the digestive organs, producing vomiting and purging and great prostration; in smaller quantities they act slowly and insidiously, causing loss of appetite, nausea, indigestion, diarrhœa and dysentery. But these are not the specific diseases which disinfectants are employed to destroy. They may annihilate the offensive emanations which cause these disorders, but they go further and destroy the unperceived agents which propagate specific, zymotic disease.

We have been led into this line of remark by running through Dr. Bartholow's recent work[*] on the Principles and Practice of Disinfection, a work which contains in its small compass much that every physician ought to know. We have not space to give a complete analysis of it, but must content ourselves with a mere sketch of its contents. The work is divided into three principal parts following the introduction, which contains a historic account of the subject in ancient and modern times. The principal topics discussed are, I. Substances upon which Disinfectants are intended to act. II. Mode of action of Disinfectants. III. Applications of Disinfectants. The author is an original inquirer and experimenter in this important field of study, and his work is much more than a mere compilation. He has had special opportunities for pursuing his investigations during many years of hospital practice. He has done his work well, and his book meets a want which every day is making the more urgently felt by the whole profession. Without pretending to be an exhaustive treatise upon the very complicated topic on which it treats, it shows a thorough familiarity with the labors of living chemists in this field of inquiry, gives the results which have been reached in a concise and intelligible form, and supplies very important information concerning the use of Disinfectants in their application to the different bodies which contain the poisonous matter which they destroy.

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[*] The Principles and Practice of Disinfection. By Roberts Bartholow, A.M., M.D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio; Lecturer on Clinical Medicine and Physician to the Hospital of the Good Samaritan; Consulting Physician to the late Mercy Hospital for Cholera, &c. 12 mo. pp. 111. Cincinnati: R. W. Carroll & Co. 1867.

In a general way it may be said that disinfectants destroy the germs of disease by the chemical disorganization or oxidization of the noxious substance—by thorough desiccation, preventing chemical change—or by mechanically removing them by inducing atmospheric currents. To this class of agents belong, in the words of Dr. Bartholow, "heat, ozone, chlorine, bromine, iodine, nitrous acid, sulphurous acid, and the chlorides and sulphates of mineral bases." These are treated in detail in the work before us, and the various methods of action of each are discussed, and much interesting experimental research is given in illustration. The impression given by the whole is in the highest degree satisfactory, and leads to the most confident hope, that the time is not far distant when many of the fearful scourges of mankind, the destructive epidemics which sweep over continents, as well as the contagious diseases of more limited prevalence, may be completely checked *in limine*, and "stamped out," to use the popular phraseology of the day, at the place of their origin.

At the last moment before going to press the announcement comes to us of the death of Dr. James Jackson, for many years the acknowledged head of the medical profession in Boston, and its oldest member. This sad event took place last night, the 27th inst., after a protracted decay of his vital powers which made the closing scene a happy release from the burdens of the flesh. Had he lived until October next, he would have completed his ninetieth year. Few men have been so worthily loved and honored as he. We must reserve until another week the further notice which is his due. The funeral will take place to-morrow, and will be strictly private.

Death of Dr. J. Mason Warren. Remarks of Dr. James Ayer, at the meeting of the Suffolk District Medical Society.—At the time of publishing our notice of the proceedings of the Suffolk District Medical Society on the occasion of the lamented decease of Dr. J. Mason Warren, we had not at our command the introductory remarks of the Vice-President, Dr. James Ayer. A copy of them has been kindly furnished us since, and we are happy to give them to our readers, as follows:

Gentlemen:—In the absence of our President, Dr. Bowditch, abroad, I have thought it proper to comply with the custom of our society on the death of an ex-president, and have called the members together to consider our present sad bereavement, and to take such action thereon as may befit the occasion.

But a short time since Dr. J. Mason Warren presided over our deliberations. Through the period of two years during which he occupied the chair, his efforts were incessant to promote the interests of this society. To our united labors in the cultivation of medical science, and good fellowship between the members of our profession, our late president ever brought a cheerful, earnest spirit, rich in the treasures of medical research, and in the wisdom of a broad experience. In the presentation of interesting surgical cases, especially, his activity never flagged.

As a prompt and impartial presiding officer, a faithful and laborious fellow of the medical profession, an ever courteous and kind-hearted gentleman, I am sure we shall ever cherish his memory. His bright example of untiring industry and patient research; his eminent good sense and practical views; his unswerving integrity, and firm, religious trust, will ever challenge our admiration. His attainments were not confined to his profession; the circle of the sciences was swept by his mental vision, and the fields of literature received his cultivation. His reputation as a writer on surgical medicine, and especially as an accomplished and successful operator, does not belong to us, or to our age, alone; nor is it confined to the limits of our country. Abroad the name of J. Mason Warren and his opinions, but especially his ingenious and brilliant operations, are quoted as of the highest authority.

But he has gone! Within less than one short year his footsteps have followed those of the beloved Gould, and, at a longer interval, of other standard-bearers, whose eminent virtues and profound attainments will secure for their memories our ceaseless veneration!

I have taken the liberty to invite an eminent member of our society (Dr. Holmes) to offer some remarks, which may guide our reflections, and give expression to the sad sentiments which oppress us, and I am happy to announce that he has kindly consented to do so.

New Medical Journal.—We have received the prospectus of a new Medical Journal, to be published weekly in New York, under the name of the Medical Gazette. It will consist of eight double-column pages, of which at least six, and probably seven will be reading matter. The name of the editor is not announced, a very grave omission, in our opinion, and which must detract very much from its weight and influence. The subscription price is two dollars per annum. The first number will be issued Saturday, Sept. 28th.

Mechanical Tendency of Uterine Therapeutics at the present day.—Dr. McClintock, a name of authority on this subject, says, as quoted in the *Medical Times and Gazette*:—

"In the innumerable contrivances for supporting the uterus and correcting curvatures, deviations, flexions, and versions of this organ, do we not see a mechanical theory predominating above every other? 'An undue development of this mechanical tendency,' observes Dr. Tilt, 'gave rise to a system of uterine orthopædics, in which the incontestable symptoms of inflammation of the womb were accounted for by its displacements.' ('Uterine Therapeutics,' p. 169.) But perhaps the most convincing proof (though a melancholy one) of the supremacy of these iatro-mechanical ideas is to be found in the keen rivalry—even among men of real ability and deserved eminence—about the priority of invention of some apparatus for dilating, or cutting, or stretching, or rectifying the uterus, or suchlike purpose. If the reproductive organs of the female be governed by no other laws than those which regulate the movements of a piece of machinery, we should concentrate all our attention on the improvements of our mechanical appliances, and attach the highest importance to them. But I need not remind you that in addition, but superior, to physical and chemical laws, are the vital laws [let us add, nervous, sensitive, emotional influences—Ed.] which exercise their influence as certainly, as powerfully, and as constantly upon the sexual organs in health and disease as on any other part of the living organism."

Treatment of Sea-sickness.—The numerous remedies for this nuisance, so far as they have any beneficial effect, may be reduced to two classes:—1st. Stimulants to the mucous membrane of the stomach, and to the nervous system. Essential oils, chloroform taken internally, brandy, aromatics, and other irritants seem to occupy the attention of the nervous system somewhat, and have a moderate tendency to obviate the nausea. A strong mental impression has the same effect. 2d. Cathartics, which act on the portal circulation, and are very positive in their influence. Persons very subject to sea-sickness often take a voyage in entire comfort by the following precaution:—Take ten grains of blue mass the night before embarking; follow it the next morning with a brisk cathartic of Seidlitz powders. A voyage at sea is almost always constipating in its effects, and a repetition of the medicine once or twice on the passage may be necessary.—Dr. Edmund Andrews in *Chicago Med. Examiner*.

Excretion of Carbonic Acid.—The amount exhaled by the lungs is proportionate, according to Lossen, to the depth of the inspiration. It is much greater, when the inspirations are slow and deep than when they are rapid and short, even when the quantity of air inspired is the same in a given time.—An important fact to be remembered in cases of asphyxia.—*Union Medicale* from *Zeitschrift für biologie.*

Monument to the Memory of Trousseau.—A subscription has been started in Paris to raise a fund for a bust or full statue in marble, of this distinguished physician, to be placed in the hall of the Faculty of Medicine.

Foreign Bodies removed from the Air Passages with the aid of the Laryngoscope.—Dr. J. R. Weist publishes in the Western Journal of Medicine the details of three cases of fish-bone in the larynx, in which the diagnosis was made out and the offending substance removed by the use of the laryngoscope.

At the last accounts, the International Medical Congress is represented by 350 Foreign physicians, and 300 French. Many additions are expected up to the last moment. An enormous number of papers has already been presented to the appropriate committee.

The last telegraphic despatches from Europe announce the death of Velpeau, the Head of Surgery in France. No particulars are given. He was not far from eighty years of age. The submarine telegraph also announces the decease on the 27th inst., of Prof. Faraday, the distinguished English Chemist and Physicist.

The German Journals announce the death of Dr. Weber, professor of Surgery in the University of Heidelberg, as well as of two of his assistants, from want of proper caution in performing tracheotomy in a case of croup. A clot escaped into the trachea, and each in turn attempted to withdraw it by sucking with his mouth. They all caught the disease and died, the professor in six days.

M. F. Gavin, M.D., has been appointed assistant physician to medical out-patients, Boston City Hospital.

Prof. Wm. Warren Greene, of Pittsfield, performed Cæsarean section two weeks ago, and both mother and child are doing well. The pelvic deformity necessitating the operation, was the result of Rachitis in childhood. A full report of the case is promised.

Copies of Garnier's *Dictionnaire Annuel* can be had at Campbell's Bookstore, 18 Tremont street.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, August 24th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	67	47	114
Ave. mortality of corresponding weeks for ten years, 1856—1866	52.5	51.3	103.8
Average corrected to increased population - - - - -	00	00	114.52
Deaths of persons above 90 - - - - - - - -	1	0	1

Errata.—In the last issue of the Journal, page 54, line 10 from the bottom, for "moisture," read *measure*; page 55, last line, for "Electric," read *Elastic*; and page 58, line 13 from the bottom, for "3°," read 30°.

Deaths in Boston for the week ending Saturday noon, August 24th, 114. Males, 67—Females, 47. Abscess, 1—accident, 4—anæmia, 2—apoplexy, 1—inflammation of the bowels, 2—congestion of the brain, 3—disease of the brain, 3—bronchitis, 2—cancer, 1—canker, 1—cholera infantum, 24—cholera morbus, 1—consumption, 15—convulsions, 2—debility, 3—diarrhœa, 4—diphtheria, 1—dropsy, 1—dropsy of the brain, 5—dysentery, 7—epilepsy, 1—scarlet fever, 1—typhoid fever, 1—gangrene, 1—disease of the heart, 1—insanity, 1—disease of the kidneys, 2—marasmus, 1—old age, 1—paralysis, 4—puerperal disease, 3—purpura hæmorrhagica, 1—stricture of intestine, 1—syphilis, 1—tumor, 1—ulcer, 1—unknown, 1.

Under 5 years of age, 56—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 16—above 60 years, 17. Born in the United States, 86—Ireland, 21—other places, 7.

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THE DECADENCE OF THE AMERICAN RACE, AS EXHIBITED IN THE REGISTRATION REPORTS OF MASSACHUSETTS, VERMONT [AND RHODE ISLAND]; THE CAUSE AND THE REMEDY.

[A paper read before the Vermont Medical Society at its Semi-annual Session, in June, 1867, and communicated for the Boston Medical and Surgical Journal.]

By L. C. Butler, M.D., of Essex.

The registration reports of Massachusetts reveal the fact that the natural increase of the foreign population, in that State, is considerably greater than that of the native or American population. In a report made to the city government of Boston, it is stated that the whole increase of population in that city, for the years 1849 and 1850, from the excess of births over deaths, was among the foreign population. Since that time, Dr. Allen, of Lowell, thinks it will be very difficult to prove that there has been any *natural* increase of population in that city with the strictly American portion. And the same writer suggests that with the present increase of that element and the stationary condition of the original stock, it will be but a few years before the principal cities and towns of that State, if not the Commonwealth in all its departments, will contain a majority of those born of foreign parents.

The registration reports of Vermont reveal the same condition of things in a lesser degree. In a foreign population of a little more than ten per cent. of the whole, or almost nine Americans to one foreigner, the ratio of increase is more than three of the latter to one of the former. A general census of the city of Burlington, recently made, shows the foreign population largely in the ascendant, and it can scarcely be doubted that if the census takers had descended into the minute particulars of births and deaths, it would have been found that the *natural* increase of the population was among those of foreign descent.*

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* So also in Rhode Island. The thirteenth registration report shows that in that State, in 1865, there was one child born of American parentage in 60.2 of the total population, and of foreign parentage one in 33.7; and that in ten years the gain of population, by excess of births over deaths, has been of American 4.4 per cent., and of foreign 19.1 per cent. In the city of Providence the females of foreign birth, married, and in the child-bearing period of life, had nearly twice as many living children, in proportion to their numbers, as those of American birth.

These facts have given rise to the inquiry what will be the condition of society twenty-five, fifty, or a hundred years hence, if this preponderance of the births in favor of foreigners shall continue? It also suggests the inquiry as to *the cause* of this continued and marked increase of the foreign birth-rate over that of the American, and the proper remedy to be applied.

The former of these inquiries I do not propose to discuss. I leave the question for theologians and metaphysicians. Upon the latter, viz., the *cause* and the *remedy*, I will offer a few suggestions which may throw some light upon the diagnosis and the therapeutical indications.

Any person who has glanced over the columns of the secular, and, to some extent, the religious press of the day, can hardly fail to have noticed the increase of a class of advertisements addressed to "The married, or those about to marry," "To Ladies, only," &c. &c., proposing to give instructions how persons may have or avoid having a family, how they may enjoy all the sensual gratifications of married life without increase unless they specially desire it. There are also advertisements of "Golden Pills" and "Female Regulators," which are warranted to correct all "female irregularities," and "to remove all obstructions." Though the editors of these papers would blush with shame to print in their editorial columns the obscenity and indecency which they admit as advertisements, still very few have the stamina to reject them. Some papers are almost entirely devoted to them.

Whence is this? The demand among the people requires it, and the very fact of advertising creates a demand for the information promised. The louder it is heralded, and the more ridiculously absurd or extravagant the pretensions, the more eagerly it is sought after. The demand regulates the supply, and, taking the increase of these nefarious advertisements as the criterion of our judgment, the demand must be alarmingly on the increase. That these advertisements are read, there can be no doubt. Common curiosity would lead to that result.

Again, if you go into any of the stores or drug shops of the country, even in towns quite remote from the centres of business, and among a class of people whom we should think most unlikely to seek after or require such articles of merchandise, you will find "Golden Pills," "Female Regulators," &c., everywhere exposed for sale. And the sales are oftentimes prompt, rapid, and large. There is a demand for them, and it is increasing, as every merchant and druggist will tell you if you ask him the question. Why is this? Through the medium of the Post Office every neighborhood is flooded with "private circulars" or "special notices," addressed indiscriminately to young and old of both sexes. These circulars are ostensibly intended "for married people only," or "for ladies only," but the taking title gives the idea of some "secret worth knowing," and so they are "privately" read by the whole family; and, charmed with the idea of "golden pills" for the cure of human ills, or of a "regulator" which "regulates" all "irregularities" and "removes all obstructions," the husband or son is "privately" posted off to the store or drug shop to obtain this rich boon, which is to make themselves "as gods, knowing everything." And these nostrums are used. As physicians, we have occasion to know it, to our own sorrow and the overwhelming sorrow of our patients. We see it in the shattered constitutions, the pale, ghastly faces, betokening the presence of inward disease which no human remedy can reach. We see it in the feebleness of future life, which years of medicine and repentance can scarcely overcome. We see it in the appalling revelations of the *post-mortem* examination, by which we are enabled with the naked eye to trace its progress through the various stages of inflammation to the fatal end. We see these results and know their cause. And we sound the warning note against them; but, like the bird which has come within the charmed circle, people who are accounted rational on all other matters, here seem to have lost all power of reflection, and rush madly on to inevitable destruction.

But further;—years ago it was not uncommon to see families numbering 6, 8, 10, 12, and even 15 children growing up under the paternal roof. The patriarchs of old were the progenitors of large families, and to be childless was reckoned so great a calamity among the Jews, as to demand special prayer that the judgment of heaven might be averted. All along down from that period until within the memory of many of us who are here to-day, to have no children has been regarded as a calamity to be deplored rather than a blessing to be desired. Later years have wrought a change in this sentiment, and the average size of families has been gradually diminishing, till now there are very many households where there are but one, two or three children.

From the records of several of the oldest towns in Massachusetts, it appears that the first generation had an average of 8 to 10 children to a family; the next three averaged 7 and 8; the 5th, 5; and the 6th, less than three to each family. No doubt the records of the longest settled towns in our State, would show nearly the same results. And so the average has been gradually lessening among families of American descent, till the startling fact has given rise to the question, whether the American race is not destined to run out. Whence has arisen this remarkable change? Not from inability to procreate or to bear children, we are sure. We know no reason why as a race we are not as vigorous in this respect as our ancestors. Climate, habits of living, demands of society, disease, may have wrought changes in the system, but still these have not produced such degeneracy of the race, as to indicate the loss of reproductive power, or that puny progeny would be the result. Formerly child-bearing was considered to be the natural consummation of wedded bliss; a result so certain to follow, provided no organic obstruction existed, that no means could prevent it, and none were desired. Now-a-days it is not so. We cannot say that the happy couple whose mutual love has been mingled at the marriage altar, will ever fulfil the scripture injunction, "multiply and replenish the earth." They may and they may not. The obligation sits loosely upon them, and is easily thrown off. Society has claims upon them. Instead of the retirement of domestic life, woman must now mingle in public affairs. She must occupy the pulpit, the forum, the rostrum, the stump. She must answer the demands of sociability, by visiting, travel, social parties, the dancing hall, the street, the places of public amusement, the whirl of fashion. These are inconsistent with the condition of pregnancy. One or the other must give place. And since the spirit of the age indicates that woman may occupy a different sphere from that in which she has formerly moved; and since all the public pursuits and offices hitherto held exclusively by man, may yet be the objects of her ambition, she should not be compelled to exclude herself from the excitements and amenities of social or public life. And then again, they reason, the expense of raising up families is greater now than formerly. The greater the number of children, the greater the expense, and it cannot be endured. The closest economy now is required to save us from poverty or the poor house. The toils and trials of a family are too severe and burdensome.

The result of this reasoning and much of a similar nature is, that it becomes a matter of study, how shall we avoid suffering the pains and penalties of child-bearing? To answer this question, some resort to the advertisements and circulars to which we have alluded, procure the means recommended, and use them whenever pregnancy is suspected. A correspondent of the *Medical* and *Surgical Reporter*, Philadelphia, relates the case of a woman who rode 20 miles in a lumber wagon with a view to produce miscarriage, but failing in this, resorted to a wire which she *kept for that purpose.* She stated that many women of her acquaintance used the same means to prevent increase of family. Remonstrance against the practice was unheeded, and although suffering severely from the effects of her attempt, she besought the doctor not to give her anything to "stop it." The same correspondent relates another case where the husband of a woman pregnant nearly three months, had occasionally used the wire for the same purpose, having been instructed how to use it, he said, by a "doctor out west." The attempt to introduce it gave her much pain, and produced a tumor of the cervix which extended into the body of the uterus. This operation had been resorted to several times, with nearly a fatal result each time. Other like instances may have perhaps occurred in the observation of every physician present, but these are sufficient for our purpose.

Other persons of this class, fearing the results which may follow the use of such means when applied by themselves, apply to the physician to become a party in the work of destruction. These applications are not only numerous, but fearfully increasing in number. Almost every physician is importuned to engage in the nefarious business. Some, alas for poor human nature! despite the enactments of law and the chidings of conscience, make it a part of their regular practice. The applications come in many cases from intelligent, high-minded women; from those who would shrink back with horror from the commission of even the most insignificant offence. They come in such form and with such imploring importunity, that it is difficult to resist. The fees are large, and no credit is given or required. If the physician has moral or religious or legal scruples in regard to the matter, and attempts to reason or argue with the applicant, to dissuade her from the act, she will reply, perhaps, as one, we are told, actually did, "I don't want to hear any preaching, I am determined to have no more children. I want this operation performed, and if you will not do it I will try some one else; and if I can't get it done in this town I'll travel west till I find some one that will do it." This determined woman found "a physician of reputable standing," it is said, who performed the "operation."

Again; the notion has somehow become prevalent among so-called intelligent women, that miscarriage or abortion at less than three months is a matter of small consequence. There is no life at that period, they say, and consequently nothing is destroyed, and no wrong or crime is committed. They say, "doctor, I have gone two months or a little more over my time, I a'nt quite regular, and I want you to give me something to bring around my monthly periods, and then I shall be well again." Such cases have become so common in practice, as sometimes to throw the conscientious physician off his guard, and lead him to prescribe what he may afterwards regret. This view is no doubt the offspring, in part, of the "private circulars" that are so profusely distributed every where in our land. Whether it be correct, will perhaps appear more clearly as we proceed.

But there is still another aspect of the subject which I desire to present.

Neither among the American people, nor in the organization of the Protestant church, is there any standard by which the question of criminality or non-criminality of the destruction of the *fœtus in utero* previous to a certain period may be decided. All agree that it has life after the period of quickening, and that, unless there be some organic obstruction by deformity or disease, or the life of the mother be endangered, it would be undoubtedly criminal to destroy its life. The moral sense of most people revolts at the idea of destroying the fœtus after this period. It is held to be a high crime, by the law and by common consent. But there is a period previous to that, which neither law, nor general opinion, nor any Protestant standard covers. And on this point opinions among medical men are divided. It is an open question among them, whether there is really any such life in a fœtus under the period of quickening, as to render it a criminal offence to destroy it. The Protestant church neither connives at nor encourages the use of any means to thwart the efforts of nature in procreation, but it issues no mandate upon the subject which it regards as obligatory upon all its members. In the absence of all these guides to a right or wrong decision, individuals are left to form their judgment from the circumstances in which they appear themselves to be placed, or from their own desires and wishes, and hence have no settled convictions; except it be that there is no criminality in miscarriage if it be procured within two or three months of conception.

In the Romish church it is not so. Through all its stages life is carefully guarded, by the confessional, which puts the father confessor in possession of secrets communicated to no other person; by the stern denouncement of procured abortion as a sin; and by the pains of excommunication fulminated against all who in any wise participate in attempts at its destruction. Hence it is a fact that criminal abortion is seldom found among the adherents of this church, and miscarriage is an event greatly deplored. Hear its edict upon this subject:

> "The very instant conception has taken place, there lies the vital germ of a man. True, it is hidden in the darkness of the womb, and it is helpless; but has sacred rights, founded on God's law, and so much the more to be respected because it is helpless. It may be already a living man, for neither mothers nor physicians can tell when life is infused; they can only tell when its presence is manifested, and there is a wide difference between the two things. At any rate it is from the first moment potentially and *in naturâ* a man, with a body and soul destined most surely by the will of the Creator and by his law to be developed into the fulness of human existence. No one can prevent that development without resisting and annulling one of the most sacred and important laws established by the Divine Author of the universe, and he is a *criminal*, a *murderer*, who deals an exterminating blow to the incipient man, and drives back into nothingness a being to whom God designed to give a living body and an immortal soul. From this it follows that the young woman whose virtue has proved an insufficient guardian to her honor, when she seeks by abortion to save in the eyes of man the honor she has forfeited, incurs the additional and deeper guilt of murder in the eyes of God, the Judge of the living and the dead. Who can express what follows with regard to those women who, finding themselves lawfully mothers, prefer to devastate with poison or with steel their wombs rather than bear the discomforts attached to the privilege of maternity, rather than forego the gaieties of a winter's balls, parties and plays, or the pleasure of a summer's trips and amusement."

Whether this ecclesiastical edict be correct or not, it forms a standard for the guidance of all within the pale of that church organization. Whilst other church organizations leave a question of such vital importance to the perpetuity of the race, to be decided, as the fancy or caprice of the individual concerned shall dictate, the Romish church solves it at once, and for all time. Whilst we as a profession are afloat upon the sea of divided opinion, and are quite unlikely to reach entire unanimity upon all its phases, a body of ecclesiastics, pretending to little if any knowledge of physiology or physiological action, have decided the question for the whole body of believers in that faith; and to this decision there is no demurring, nor from it any appeal.

Why is not that decision correct? And why is it not recognized as such by christendom in general? "The very instant conception has taken place, there lies the vital germ of a man," "a being to whom God designed to give a living body and an immortal soul." Wherein lies the fallacy of that doctrine? Can it be disproved? Physiology teaches us that the essential conditions of fecundation, are the contact of the spermatozoa of the male with the ovum of the female, and the changes which occur as the immediate consequence of that contact. And that immediately upon that impregnation, the ovum starts upon its journey through the Fallopian tubes to the uterus, where it establishes its new existence, and by its immediate commencement of growth manifests its life. It has now within it the rudiments and elements of a human being. It will become a "living soul" if the process of its growth is not interrupted. True, its life is manifested in a different form, from that of its more complete development. Yet it is the same in kind as when, perfected in all its parts, the human being opens its eyes upon the world. When did it receive that principle which we call life? The ovum was nothing in and of itself; nor were the spermatozoa. Neither had life. The union of the two in the locality designed by God for that purpose, produces—what? Life! If it be not life, what is it? What will you christen it? Growth is the immediate result. Is growth ever the result of any principle but that of life? The period of quickening is only a manifestation of the same principle, in another form, a higher degree, an advancement in growth bringing into action new organs and new affinities. And the completion of its period of incubation, only introduces it into a world of life—itself alive—and sets in motion all the minute wheels of the complicated machinery, in a new stage of its existence. It is the same life with which it first began. In the development of the future man it only exhibits new phases to our view.

If this reasoning be correct, then, does not the edict we have quoted above truthfully say, "he is a criminal, a murderer who deals an exterminating blow at the incipient man." Grant that the law of the land does not recognize the principle we have laid down, but proceeds upon the assumption that the period of quickening is the legal commencement of fœtal life. How does that affect the question in its moral bearings? Is not the intent the same, whether the future being be struck out of existence when life is only feebly manifested, or when it is more fully developed? The law judges of the intention, and pronounces no man guilty of murder whose malice aforethought is not proved. How is it in the case before us? A married woman, who carries about in her person the natural results of the marriage connection, seeks to prevent the development of the germ. She understands that if unmolested, that germ will gradually develope itself in accordance with the laws established by the Divine Author, into a breathing, sentient being, stamped with the image of God. She understands also that it has life, and that its sentient life is not a new life imparted to it in the process of parturition or contact with the outer world, but only the outgrowth of the parent germ. But she seeks its destruction. The design deliberately formed, and persistently carried into execution, is to prevent its development, to strike out of existence "the incipient man." Is there no criminality attached to such an act? Are not the intent and the result precisely the same, whether the act be consummated at full maturity, at the quickening, or at the moment life is implanted in the ovum? In what consists the difference? The law of man recognizes the one act as murder, and condemns by its penalties the persons who aid, abet or commit the crime. The law of God, which takes cognizance of motives as well as deeds, which regards the act as only the outworking of the heart, makes no distinction among those who violate the command, "Thou shalt not kill," whether the act be performed in one way or another, or at one stage or another of human existence. The intent to destroy life constitutes the animus of the deed. Is it not so? True it is, that neither physiologist or physician can determine the precise moment when life is infused. We know nothing of that subtle principle save by its manifestations. The naturalist has watched its progress in the vegetable from the first sprouting of the germ seed, to its full maturity in the production of flower and fruit. The physiologist sees the impregnated ovum of the animal in all the stages of its existence, from the moment of conception to the end of fœtal life, and he describes to us its changes as it advances in growth from one period to another, with all the exactness of mathematical demonstration. In both are seen the manifestations of a principle of life which eludes their grasp or comprehension. In both, growth is the result. And the fact that neither can determine the exact moment when life began, is a conclusive argument that at no period of its progress can it be destroyed, without a violation of the laws of nature and of nature's God, and the risk of incurring their penalty?

The edict of the Romish church, then, is not only in accordance with the teachings of physiology, but with those also of morality, and the laws of God.

If therefore, in this discussion, one or any of the causes of the decadence of the American race, as exhibited in the Registration Reports of the States mentioned, have been elicited, it becomes a very grave question to consider, what is the remedy? In reply, I present the following suggestions.

1. There must be a more determined and uniform moral sentiment among medical men. Their testimony should be unanimous against all the means and appliances used for the destruction of life

in any stage of its progressive development. As guardians of the public health, we ought to frown upon any and every attempt to interfere with the laws of nature in the production of progeny. Doubtless gold is as cogent an argument with physicians, as with other men. The weakest eyes and the hardest hearts are apt to be strengthened and opened, and the toughest consciences made elastic, by the "almighty dollar;" but the moral sentiment ought to be so strong among us, that gold or reputation gained in such manner shall become a stinging disgrace to the recipient. More entire unanimity of opinion is also desirable in regard to the period when life begins in the *fœtus in utero*, in such sense as to make it a crime to destroy it. The diversity of opinions among medical men on this point, is seized upon by the abortionist to promote the circulation of his nefarious opinions and nostrums. And perhaps this same difference of opinion among physicians may have been to some extent the occasion of the prevailing sentiment among women, that miscarriage at three months is an innocent affair. Whether it be so or not, there is no doubt that the united voice of the medical profession against the practice, at any and all stages from conception to birth, would render it less popular than it now is, if it did not end it. As physicians, we understand full well the consequences that invariably follow the use of any appliances to induce abortion. We know that a large number of cases prove fatal, and that the lives of the remainder are sooner or later rendered miserable. We know that the practice is detrimental to society, to the peace and happiness of domestic life, and to the moral well-being of all concerned in it. Is it not, then, a duty we owe to ourselves and to community, to our profession and to the great Author of all being, not only to condemn the practice as a crime, but to discountenance as unworthy members of a noble profession, all those of our number who in anywise wink at its continuance?

2. But the medical profession cannot entirely arrest the evil. It is too wide spread and prevailing. Like some chronic diseases with which we meet, the ordinary methods of cure are unavailing. A radical change in public sentiment is needed. The hearty coöperation of all good people everywhere is required. The current of public opinion among the middle and lower classes has been so strongly setting in its favor for years past, that it has become fashionable for married people to have no children, or to have but one or two; fashionable to escape the joys and duties of maternity; fashionable to use means, internal and local, to avoid the cares of an increasing family. Like other fashions, this has become strong and general. It will not be changed at the mere bidding, nor eradicated without a mighty effort. The public mind needs to be educated in a different direction. The moral sentiments must be cultivated. The conscience must be aroused. The deep and damning guilt of destroying the life of a human being at any stage of its existence must be portrayed. The consequences of the act, in the feebleness of future

life, in the prostration of the vital powers, in the fearful results of remorse, shame, utter sterility as the curse of Heaven upon the guilty, and sometimes insanity, must be presented with all the earnestness and eloquence of truth. By such action, and the prompt and decided coöperation of all good people, of all lovers of their race and friends of humanity, the growing evil may be arrested, and the American race saved from utter annihilation, under the curse of God.

3. The earnest coöperation of editors and publishers of the daily and weekly newspapers, and also of publishers in general, is necessary to the accomplishment of the desired end. No doubt the strong sentiment in favor of the crime has been fostered and nourished by the advertisements, and "private circulars" and obscene publications of the day. The idea is prevalent that editors are not responsible for the advertisements they allow to be printed, but only for the matter contained in their editorial columns. They must allow their patrons to advertise their wares in their own way, and in their own language. If they pay for it, the space belongs to them. In some sense this may be correct, but it is made the scape-goat for the most shameless violations of decency and propriety, and the publication of sentiments which ought to and would make the editor's ears tingle for very shame, if they appeared in any column of his paper not covered by the "almighty dollar." The press is an engine of great power for good or evil in the land, and those who control it ought to be held to a strict accountability for the influence they exert in community through its columns. Its power can hardly be over-rated, and hence the necessity that on a subject of such vital importance as the one under consideration, all its utterances should be in favor of virtue and morality, and that everything which tends to demoralize the race, or give countenance to crime in any form, should be strictly excluded from its columns. No doubt a proper representation of the matter to the press of our own State would ensure its cordial coöperation with us in a consummation so devoutly to be wished for by every citizen. But in regard to those who are engaged in the publication and circulation of the "circulars," "pamphlets" and "periodicals," which find so many readers in our midst, we have less reason to hope. If the press refuses to advertise their shameless commodities to the world, one medium of communication with the people will be cut off, and the evil will be somewhat lessened thereby. But it will not perfect the cure. The strong arm of the law, enforced by pains and penalties, and by a determined public sentiment, may be necessary. The united voice of public opinion and of the law, mayhap, will secure the desired coöperation of editors and publishers, and aid us in arresting the evil they have contributed to inflict upon us.

4. But, perhaps, above and beyond all, the moral and religious sentiment of the people should be educated. Its point is blunted. There is now no keen, vivid sense of wrong done, of sin committed,

or of guilt incurred, to deter even those who are professedly christian people from destroying the life of their incipient progeny. Beyond question the idea of committing murder would be revolting to the moral sense of the whole community. But the act of which we speak is not so considered. Gradually, by an accumulation of pretexts, the voice of conscience has been hushed to silence, so that its admonitions are unheeded. The church and the christian community have slept, while the evil has been growing and strengthening, widening and deepening in its flow. It will need strong arms and determined effort to stay its progress and turn the tide in another direction. But the salvation of a race, imperilled by its continuance, demands that the effort shall be made. We rejoice to see any signs of awakening. Through the columns of a widely circulated religious journal, Rev. Dr. Todd, of Pittsfield, Mass., has uttered the bold, plain, eloquent language of a christian heart awakened to a keen sense of the sin and danger of the increasing evil. Public attention is arrested and startled by the array of facts presented. The voice from the East has found an echo in the West, and the press informs us that a recent Western Congregational convention adopted resolutions denouncing the practice of destroying unborn children as inhuman, unchristian, and immoral, and to urge as a solemn duty on ministers, christians, and friends of virtue, to strive in all judicious ways to awaken the public conscience, and form a healthful public sentiment against the enormous crime.

Let the same voice be echoed and re-echoed through the length and breadth of the whole land, till the sentiment becomes established among all classes, " that he or she is a *criminal* and *murderer*, who deals an exterminating blow to the incipient man," and destroys " a being to whom God designed to give a living body and an immortal soul."

FOREIGN BODIES IN THE EAR.

By Henry L. Shaw, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A foreign body in the ear is always a source of anxiety to the friends of patients; and although its removal, if accomplished in season, is quite easy, it is often by delay rendered very difficult. Most of the foreign bodies met with in the ears of children are put in while at play, and are often forgotten. With adults their introduction is almost invariably due to the use of extemporaneous ear picks for the relief of the intolerable itching in chronic inflammation of the dermoid layer of the external auditory canal.

The ear is more tolerant of foreign bodies than is generally supposed. Cotton, which, from a belief in its virtues, is frequently introduced into the meatus, would often remain for an indefinite time, if the patient was not admonished by the increasing deafness to seek relief. Toynbee speaks of a dissection where cotton, which had probably been in the ear for years, produced absorption of the bony meatus. We can recall several cases where it remained for many years, unknown to the patients. Other foreign substances may be carried the same length of time. In a late number of the Lancet is the report of a case, where a piece of slate pencil was left in the ear for over forty years. In one of our own cases, a stone, the size of a pea, remained in the canal for years before trouble was produced, and it was then caused by attempts at removal. Still another case was that of a playmate, who carried a bean in his ear for twenty years, with no bad effect, except slight deafness.

In our own experience the following foreign substances have been met with: beans, cotton, slate pencils, peas, maggots, cockroaches, beads, glass, crockery, shells, paper, pins, ivory, teeth of combs, stones and seeds.

The amount of trouble produced by foreign bodies in the ear depends upon their nature, position and size. Hard, smooth substances, and those not easily affected by moisture, produce far less trouble than those of softer material, which are readily expanded.

At about the middle of the external auditory meatus the canal is angular. This change in its course serves somewhat as a check to the passage of foreign bodies. It is in this part of the canal that they are apt to lodge, and may remain for years before producing any injury. In works on anatomy the external meatus is described as being narrowest at the middle. The meatus, just before it reaches the membrana tympani, is somewhat expanded, as is also the entrance. With the exception of this dilatation at the ends, its diameter is quite uniform. A casual glance might lead one to suppose that there was considerable narrowing at the angle, but on straightening the meatus this apparent narrowing will disappear. An examination of the casts at the Warren Museum, taken by Dr. R. M. Hodges, confirms the above statement.

The symptoms caused by the presence of a foreign body, depend very much upon its position. When imbedded in wax, as is often the case, or fixed on the walls of the meatus, it will not be likely to cause serious trouble. Not so, however, if it is at the bottom of the canal, in contact with the membrana tympani, or pressing upon it. Such a case is usually attended with giddiness, and a feeling of fulness of the head; which, if the foreign substance is allowed to remain, may be followed by convulsions and even a fatal result. One would suppose, from the fact that casts of hardened cerumen are occasionally taken from the lower half of the canal, that the membrana tympani would readily tolerate the presence of a foreign body. When pressure is applied over that portion against which the handle of the malleus rests, it is attended with pain and marked cerebral disturbance. The same is true of the rest of the drum, but in a less degree. Besides the injurious effects above alluded to, the pressure of a foreign body on the membrana tympani is very likely to be followed by ulceration and perforation of that membrane, and organic changes in the tympanic cavity, which will seriously affect its integrity. Many cases of internal otitis owe their origin to this cause. We can recall two cases of the kind; in one of which the suppurative process was arrested by the removal of a piece of slate pencil, which protruded into the tympanum; in the other, the suppuration was undoubtedly prolonged from the presence of a glass bead in the tympanum.

When a foreign body is so large as to fill the whole diameter of the auditory canal, and press with considerable force upon its walls, it will almost invariably excite acute inflammation. In some of these cases the swelling is so great as to completely close the entrance of the meatus; rendering even an exploration impossible. When in this inflamed condition, the ear will be found to be very sensitive. The use of the speculum auris at this time will give rise to excruciating pain, and will be likely to be followed by considerable hæmorrhage. Under these circumstances all attempts at removal should be deferred, until the acute symptoms have subsided. Great relief will often be afforded by the application of leeches in front and below the external meatus, warm fomentations, &c. Occasionally, when suppuration begins, there will be a spontaneous discharge of the foreign substance.

In most cases foreign bodies are lodged in the angular portion of the canal; the exceptional cases being those where, from unsuccessful attempts at removal, they have been pushed through the membrana tympani, or where that membrane, from previous inflammation, or ulceration induced at the time by the pressure of the foreign bodies, has been perforated and has allowed them to pass beyond it. One would suppose that it would be impossible for a judicious practitioner to produce this result. This accident is, however, not uncommon, and can doubtless in most cases be traced to attempts at removal with instruments when the ear was poorly illuminated.

It is rare for foreign bodies to remain long in the tympanic cavity without producing serious symptoms. These will be modified somewhat by the nature of the substance, and the condition of the tympanum. If this has been previously disorganized by inflammation, as in most cases of otitis interna, less trouble will probably ensue, than when it is in its normal condition. Beans and peas, the foreign bodies most frequently met with in the ear, are, from the facility with which they swell, most likely to produce fatal results. Undoubtedly in some cases the fatal result is due to the violent manipulations to which the ears have been subjected by the friends of patients, or to their not having consulted the surgeon until inflammation and swelling have ensued, which rendered their removal extremely difficult or perhaps impossible.

When a patient is presented with a suspected foreign body in the ear, it is of great importance to examine thoroughly the auditory canal; much useless syringing may thus be avoided. By the improved method of Tröeltsch this examination is possible at all times, and brings to view the whole of the meatus, and if necessary the tympanum.

Too much cannot be said in favor of the syringe for the removal of foreign bodies, of whatever kind, from the ear. As a rule it will be found successful; the exceptional cases are indeed very rare. Most authors agree as to its great advantages over all other instruments. Yet, to judge from the cases presented at the Infirmary, one is led to believe that practically it is not much relied upon by the profession. With the syringe, accidents which sometimes attend the use of other instruments are avoided, as it is almost impossible with it to injure the surrounding parts. When the ear is well illuminated a foreign body may often be removed with instruments much more quickly than with the syringe, yet there is more risk; and the attempt, if unsuccessful, may, by injuring the walls of the canal, render removal of the substance by the syringe more difficult.

In this connection it may be well to speak of the manner of syringing an ear. Although generally considered an easy matter, it is often, from the non-observance of certain precautions, very ineffectual. The most important precaution is to straighten the canal, which, as is well known, is readily effected by pulling the external ear upward and backward with the left hand, while the right is free to use the syringe. By so doing we avoid putting the nozzle of the syringe into the external meatus, and thus frequently save the patient much pain, and at the same time are enabled to act directly upon the foreign substance. The choice of a syringe is a matter of less importance; any one having a tightly adapted piston will usually succeed very well. The small two-ounce rubber syringes, the pistons of which are generally accurately fitted, will be found the most reliable and convenient. The water used (which should be quite warm and pure) ought to be injected with very slight force at first; afterward the force may need to be considerably increased. The bursting of bubbles of air in the external meatus gives rise to very unpleasant sensations. This can generally be avoided by using a good syringe, and taking the precaution to fill it very slowly, so that no air shall be sucked up.

The facility with which a foreign body can be syringed from the ear depends somewhat upon its position, and very much upon the material. If it has passed but a short distance into the passage, a few syringefuls will often be sufficient. Not so, however, if it is at the bottom of the canal, or impacted. Then the syringe may require to be used many minutes. Hard, smooth substances, as stones, beans, &c., are dislodged more readily than those of softer material, as paper, cotton, &c.

Foreign bodies sometimes become quite firmly attached to the walls of the canal, as in the interesting case reported by Dr. E. H. Clarke, where a bullet fixed in the bony meatus was removed by pressing upon it a strip of adhesive plaster, and then heating it by means of a convex lens until it adhered to the bullet. Should the symptoms admit of delay in these cases, the removal of foreign bodies may well be deferred, the passage being frequently filled with tepid water, until they are sufficiently loosened to allow their easy removal with the syringe.

Sometimes the foreign substance so completely plugs the meatus as not to allow the water to pass behind it. This, however, can only be ascertained by trial with the syringe. Many cases when examined by the speculum appear to be in this condition, but on using the syringe the foreign bodies are readily discharged. If, after continued syringing, the foreign substance is not moved, its position can sometimes be changed by the pointed end of a curette, or probe, when the syringe can again be used with greater probability of success. Only a very slight change in the position of a body is usually sufficient to ensure its removal with the syringe. Sometimes, however, the syringing has to be continued for a long time before it is successful.

With infants and young children great difficulty is often experienced in preventing violent movements of the head during the attempt at removal. An effort to straighten the canal even may be followed by a change in the position of the patient's head. When the passage is inflamed, the pain attending the removal may be very severe. Under these circumstances the use of ether will be found not only of great advantage, but frequently indispensable.

Cases requiring the exclusive use of instruments are very rare. A most thorough trial of the syringe should always be made first. Instruments are, however, occasionally of great assistance, and sometimes absolutely necessary. To use them with safety the external auditory passage requires to be thoroughly illuminated; unless this can be effected, there is danger of producing more injury than might result from allowing the body to remain. A pair of rectangular forceps furnished with teeth, will be found of great service for the removal of substances which admit of being grasped, as paper, cotton, &c. The principal risk in their use is the danger of pushing the body further into the canal. This can be avoided generally by fixing it with the pointed end of the curette, before grasping it with the forceps.

The curette and other instruments are sometimes used as levers, by making a fulcrum of the walls of the canal. This method of procedure should always be avoided. If the body is but a short distance in the meatus it can be removed more easily and with less risk than by this method. If the body is well advanced in the canal such a course can do no good, and may be of positive injury to the soft parts. Cases which seem to require the use of instruments in this manner, can be best treated by fixing the body with the curette, and then grasping it with the forceps as above described.

After the removal of foreign bodies there is generally considerable vascularity not only of the meatus, but of the membrana tympani. This is often due to the irritation produced by the foreign substances, but it is usually attributable to the efforts at removal. It is, however, of short duration, lasting frequently less than a day.

But little after-treatment will generally be required. In cases accompanied with considerable inflammation of the meatus, it may be necessary to use injections of tepid water. Should it show a tendency to become chronic in its character, the addition of a few grains of acetate of lead to the ounce of water will generally be found sufficient to arrest it.

Boston, Aug. 9, 1867.

Bibliographical Notices.

Micro-Chemistry of Poisons, including their Physiological, Pathological, and Legal Relations: Adapted to the Use of the Medical Jurist, Physician and General Chemist. By THEO. G. WORMLEY, M.D., Professor of Chemistry and Toxicology in Starling Medical College, and of Natural Sciences in Capital University, Columbus, Ohio; with seventy-eight illustrations upon steel. New York: Baillière Brothers. 1867. Pp. 668.

Etude Médico-légale et clinique sur L'Empoisonnement. Par AMBROISE TARDIEU, Professeur de Médecine légale à la Faculté de Médecine de Paris, Médecin de l'hôpital Lariboisière, etc. etc. Avec la collaboration de Z. ROUSSIN, Pharmacien-major de Première Classe, etc. Avec deux Planches et 53 figures intercaleés dans la texte. Paris: J. B. Baillière et Fils. 1867. Pp. 1067.

Das Mikroskop in der Toxicologie. Beiträge zur mikroskopischen und mikrochemischen Diagnostik der wichtigsten metall—und Pflanzengifte, mit einem Atlas photographirter mikroskopischer Präparate, von Dr. A. HELWIG, prac. Arzte and Kreiswundarzte in Mainz. Pp. 100. Mainz, 1865.

The appearance of these important works within so short a time, and the recent publication of Mr. Taylor's large volume on medical jurisprudence, the greater portion of which is devoted to the same subject, have filled a gap in medical literature which has long existed; for, since the days of Christison and Orfila, no complete treatise on Toxicology has been published, which in any way represented all that was known in this department. The works of Otto, Hasselt, Taylor, and Casper, although excellent treatises in some respects, were unsatisfactory working manuals, and the practical medico-legal chemist was obliged to glean his best methods of analysis and his entire knowledge of some poisons from a wide field of scientific journals. Indeed, the chemical as well as the physiological laws of many of the alkaloids are still almost unknown ground, and were the real amount of our positive knowledge with regard to some of the subtlest of them known to those who make use of poisons for purposes of death, both justice and science would be as powerless against them as in the days of the Borgia.

The first of these books, as its title implies, is largely devoted to the illustration of the crystalline appearances produced by the action of various reagents upon the principal poisons, and the variations in these appearances according to the concentration or dilution of the substances experimented on. It is the prominence with which this object—the limitation of the reactions of the different tests—is kept in view throughout the book, which gives it its chief value and claim to originality. And yet we cannot help thinking that the author has devoted too much attention to this point, that he has given a needless multiplication of tests, and carried his observation of their variation to an excess of minuteness. Thus with the ordinary alkalies it can be of no consequence to be able to recognize a very small fraction of a grain of any of them in toxicology, for much larger quantities than this must always be present in animal tissues and fluids, nor can there be any practical advantage in showing just the amount of reaction exhibited by the $\frac{1}{400,000}$th of a grain of sulphuric acid with a baryta salt. Too much space also is occupied by purely chemical descriptions of common substances, which may be found in every text-book on chemistry. These, however, are all errors, if they deserve the name, in the right direction, and would not be mentioned were it not that some important poisons have been entirely passed by, which could better have occupied the space thus filled.

We have nothing else to say of the book except in its praise. The processes of analysis are minutely and clearly given, and embrace nearly all the results of the most recent observations. As an example of this thoroughness it may be stated that some sixty pages are devoted to the processes for the detection of arsenious acid and to the fallacies of the tests employed. The references to cases of poisoning which occur throughout the book are chiefly drawn from American sources, and thus supplement those found in foreign works on toxicology, but the author might have given great additional value to this important part of his work if his examination of the journals of this country had been more general. The microscopic illustrations of the crystalline appearances of the various poisons in their combinations with reagents are admirably rendered. They are engraved with extreme delicacy and accuracy, from drawings by the wife of the author, upon steel, to whom the work is gracefully dedicated. We do not hesitate to say that they are the finest representations of the kind ever made. The book itself is printed in large and clear type, on the best of paper, and in its neat binding makes one of the handsomest volumes ever issued from the medical press.

The work of Professor Tardieu may be considered the most complete treatise on poisoning which exists, as it supplies that defect so marked in all which have preceded it, in respect to the clinical and pathological relations of the subject. The accomplished author has given us not only an unrivalled working hand-book of the chemistry of poisons founded upon the very latest investigations of himself and others concerning the comparative merits of the various methods used for their detection, and the equally important physiological tests, but also the most minute account of the symptoms and lesions produced by each kind of poison. Thus, for example, we find twenty-three cases of poisoning by phosphorus recorded at great length and with the most accurate attention to the clinical history of each from day to day, and fifty pages of the closest print devoted to similar observations in connection with arsenic. In addition we find in the introductory portion of the book a treatise on poisoning in its general relations to legal medicine and public hygiene, such as could only emanate from so distinguished an authority on these subjects.

The third volume on our list is quite an elaborate manual of the chemical reactions of the most important poisons with the tests usually employed in their examination, to which is appended an atlas of their microscopic appearances. Unlike the beautiful copying after nature, however, by the delicate hand of a lady, we have here the outlines and shadings as caught directly by the sensitive plate without the intervention of the artist. Although wanting somewhat in the distinctness which marks the illustrations in Prof. Wormley's book, we feel on examining these photographs that we are looking at the crystals themselves as they appear in the microscope, and that there is no possibility of inaccuracy in the figures, which is of course of the utmost importance in the purpose of comparison for which they are designed. The subjects are better chosen too, we think, being chiefly representations of the alkaloids uncombined in most instances with reagents, as in the plates just alluded to. Thus we have 12 microscopic photographs of morphine, 16 of strychnine, 4 of brucine, 4 of veratrine, 4 of atropine, 2 of aconitine, 2 of solanine, 4 of digitaline, 2 of coniine, and 2 of nicotine. It is a valuable contribution to Toxicology.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 5, 1867.

DR. JAMES JACKSON.

Dr. James Jackson, the revered head of the medical profession in Boston, whose decease we briefly announced in our last week's issue, was born in Newburyport in this State, October 3d, 1777, and graduated at Harvard College in 1796. He took his degree of Doctor of Medicine in 1809. He became at once distinguished as a devoted and faithful practitioner, and a zealous student of medical science, and in 1812 he was appointed Professor of the Theory and Practice of Medicine in the Medical School of Harvard University, which office he held for twenty-four years. In 1817, on the 6th of April, he was chosen the first physician of the Massachusetts General Hospital, which office he held with an honor to himself and an advantage to the institution and the interests of the medical profession too well known to need any eulogy from us, until October 13th, 1837. He was several times elected President of the Massachusetts Medical Society.

Dr. Jackson's opinion was preëminent authority during the many active years of his life. His name is known and honored in Europe as well as in this country. Although not a voluminous writer, his contributions to medical literature are valued, and will be treasured up as the utterances of one of the law-givers of the profession. His constitution was naturally feeble, and he preserved a tolerable share of health only by the most constant watchfulness, and the strictest method in everything which pertained to his mode of life. A professional friend remarked to us recently, that he considered his length of days the best evidence that could be quoted of his skill and sagacity as a physician. During the last year and a half his powers gradually failed, and for many months life had been a weary burden to both body and spirit; he was worn out. He leaves five children and numerous grandchildren, and several great grandchildren.

By special direction of the deceased, no public honors were paid at his funeral, else the whole medical profession would gladly have come forward to testify their reverence and love for one who had been their sure reliance for many years in questions of perplexity and trial, and whose genial courtesy always made those who called him in consultation regard him as a personal friend. His remains were deposited at Mount Auburn. The injunction which made his funeral a private one has prevented any formal meeting of our Medical Societies to take notice of his death. The spoken eulogy, however, for which they would have furnished an opportunity, has found utterance in the columns of the daily press; and no words of ours can so fitly do him justice. We therefore feel no hesitation in transferring to our pages the following notices, by Dr. Jacob Bigelow and Dr. Holmes, the philosopher and the poet of our medical community.

Our acquiescence in the just order of Providence alone tempers the solemnity and sorrow with which we regard the departure from life, even at its latest and maturest period, of one whom we have loved and honored. It is the fate of most men to fall prematurely by the wayside of an unfinished career. A few having reached the goal of ordinary old age, sink gradually into the shade of infirmity and seclusion. The end of the most protracted life is at best labor and sorrow. Yet we may esteem as fortunate the lot of one whose physical and intellectual strength have been so nearly commensurate with his great length of days; who has associated his own history with the hopes and fears, the affections, the joys and sorrows of more than one generation; whose intellect during more than fourscore years was never crossed by a cloud; whose energies during that long period never shrunk from the performance of all active duty; whose presence has been invoked as a blessing by the afflicted, and whose words of wisdom and experience have been oracles to his professional brethren.

When some of us first knew Dr. Jackson, now gratefully remembered as our earliest and longest professional friend, he had been at least ten years engaged in active practice, and was then almost at the zenith of his professional reputation. He had rapidly risen to this point by the possession of qualities not common at that day, when medicine was less a liberal science than it now is; when the community were perhaps more exacting, while they were less discriminating, and when the judgment of a man's own peers could not always be depended on for impartiality, if, indeed, for competency. The qualities that distinguished him then, as since, were habits of unsparing application, a power of rapid acquirement, and of ready adaptation of knowledge to use. To these were superadded the high moral attributes of an uncompromising love of truth, of justice to the claims of others, of a deep sense of the responsibilities of his profession, and a devotion amounting almost to parental love towards those who had become the objects of his professional care. Excelling his contemporaries in the extent of his professional erudition; vigilant in observing the yearly progress of his science, as it tended to good or to evil; studious and retentive of the peculiar features of each succeeding case that passed under his observation; cheerful, hopeful, courageous and buoyant in the presence of the sick—he received during his extended life, more than any man among us, the deference of his compeers, and the ardent, grateful, and almost filial reliance of those who in sickness leaned on him for succor, or in danger looked to him for rescue.

The character of Dr. Jackson was naturally impulsive and sanguine. Coming in his early life from the schools of European erudition, he brought with him a deep respect for the labor and learning, the authority and conventional prestige of the then accepted luminaries of medical science. His methods of practice during the first half of his professional life were in a high degree energetic and decisive. He believed, in common with many others at that day, that most diseases were susceptible of control and even of removal, by the active forms of medical interference then generally in use. These opinions and habits were greatly modified, if not subdued, in the subsequent portions, perhaps the last half, of his long and observing life; so that although he never lost his professional fondness for the forms and implements of his art, and sometimes carried their use to a scrupulous degree of exactness, yet he became more tolerant of nature, more humble in his expectations from art, and more distrustful of reckless interference whenever certain harm was to be balanced against doubtful good.

Of his moral and affectional attributes it is difficult fitly to speak. Alike in the prosperous and adverse conditions of life, we have never seen his kindly heart give way to an unjust or ungenerous impulse. Under afflictions which might have prostrated a mind less disciplined by Christian energy and faith, we have known him cheerful, self-controlling and unrepining. When in a momentous period of his life, his parental hope was abruptly blighted, and an idol which he had fondly cherished until solicitude was lost in gratification, suddenly fell from his grasp, he did not sink, nor for a moment forget that duty remained to be done. With an endurance exemplary as it was exalted, he stepped to the post made vacant by the death of his son, and for long succeeding years, reversing the apparent order of nature, carried out in his own person the career which had seemed destined to another of his race. He became the biographer, and as it were the continuer, of his son. Who could so fitly eulogize the virtues which he himself had helped to form? Who could so well sustain the character which was but a reproduction of his own?

It is now a third of a century since this great affliction was thus received and thus sustained. He sought for and found consolation in his communings with the memory of the dead, and the conscientious pursuit of his duty to the living. He resumed his professional activity, his interest in life, his relations with society and his influence in the harmonious organizations of his own profession. For many years, and even up to a late period, he carried with him the respect, the attachment and the tender regard of the many friends who had cultivated and loved him. Who does not even now remember his quiet step, his benignant smile and his friendly greeting, long familiar in our streets, as they were welcome in our dwellings?

At length the light of his gifted intellect slowly and fitfully faded out in the advancing shadows of physical decay. And now the light of his earthly presence is forever withdrawn, leaving his memory alone to console and direct us. It is well that he has lived, to complete in his character a model of social and professional excellence; it is well that he has died, leaving in the history of his life the record of a task well finished, and a memory on which there is no stain.

The time has not yet arrived for doing justice to the character and services of Dr. James Jackson. The first expressions of love and honor which follow him to his resting place, are only such as have been long on the lips of all who knew him, mingled with the natural regrets which seem almost selfish when we remember his age and its infirmities. The general verdict of his contemporaries among us would doubtless have been that he was the model practitioner of their generation. The voice of the profession would assuredly assign him the same position among the teachers of the art of healing.

He himself would have been so unwilling to be over-estimated that those who knew him best cannot help feeling as if they were restrained by the memory of his own serene and tempered judgment in using the terms which at once suggest themselves when speaking of his gifts and virtues. Yet an intelligence so lucid, a knowledge so practical, a skill so consummate, a devotion to his duties so entire, a spirit so cheerful, a benevolence so thoughtful, a character so truly balanced, a long life so filled with noble service can hardly be spoken of as they deserve without our seeming to use the rhetoric of eulogy. Keeping close to the truth, as known and acknowledged in the community where he has lived so long, we find that we have drawn what looks like an ideal portrait.

He would not have claimed for himself any extraordinary intellectual attributes, any more than he would have claimed any special merit for the style of those "Letters to a Young Physician," which were mentioned in these columns a day or two since among those writings by which "literature as well as science and history, gained much more than it would have gained by the arrival of fifty new knights sworn specially to 'letters.'" But sagacious observing instincts, well-adjusted reflecting powers, and practical energy to use them efficiently, are not often found in such large measure, so harmoniously blended. He was a child to learn, a father to teach, a brother to help.

We might perhaps find men in whom single qualities were more developed than any one for which he was distinguished; not easily a man whose outfit for the duties of life was more admirable, and who used all his faculties to greater advantage. He retained his power and his disposition to be useful into some of the last years of his protracted life. When mind and body alike felt the weight of infirmity, his tender affections still drew him to those he loved. There is a story that old men have been kept alive by transfusing the fresh blood from young veins into their own. Many young hearts were tributary through nobler channels to his old age. The love of the second and third and fourth generations gave new light to his eye and fresh color to his cheek, as they gathered around him to look, to listen, to serve, to caress. It was a rare delight to meet in his own home this most beloved of old men, who seemed to have hoarded the sunshine of more than fourscore years to give it back in smiles to those whom he has now left in a world less bright since he is gone.

So passes from us the last of those three brothers whom many of us remember as honors to their several callings, types and patterns of the best class of American citizens. United in the dearest friendship while they lived, we may hope that they are at length re-united among the good and faithful servants who have entered into the joy of their Lord. As the last of them leaves us we seem to look upon them once more as when we used to see them together in their daily walk. Charles, grave, learned, judicial by nature, gentle, unselfish, modest, whom to have known is the most precious legacy of the past to many of the living; Patrick, great-hearted, impetuous, sanguine, constructive, executive, whose footprints were among the first along the opening track of New England's progress; and with them this teacher of teachers, this healer of the sick, this counsellor of the perplexed, this consoler of the sorrowful, this benefactor of the needy, whose sympathies were boundless as the day, and whose priceless labors extended through two thirds of a century. With all gratitude for his beautiful and most useful life, feeling as we do, that he had filled the full measure of his years and of his services, it is yet with sorrowing hearts that we strike from the roll of living men the revered and cherished name of JAMES JACKSON.

Death from Chloroform.—We find the following in the *Union Médicale* :—

"Another death produced by chloroform (and there is scarcely a month that the English journals do not announce one in the most simple and natural manner possible) has just happened at Manchester, under deplorable circumstances. John Arnold, aged 8 years, was operated on for strabismus, at the Hospital for Diseases of the Eye, on the 6th of July; and for this slight operation chloroform was given him. Two hours after, he was dead; and the jury had declared simply that this accident had happened under the influence of the chloroform. Multiplying, as they do, especially among children, these catastrophes should open the eyes of English surgeons, and render them more reserved in the employment of this anæsthetic in small operations. The responsibility is all the greater that the patient is subjected to the 'chloroformization' without being able to know or understand its dangers. For the mere convenience of facilitating their operations, or to avoid slight pain, the English surgeons should not expose life. Otherwise, they must be subjected to the charge of being incorrigible, and careless of the lives of their fellow-creatures. The question is suggested, how is it that in the presence of these repeated accidents, public opinion—not to say public indignation—does not so lift up its voice against this practice as to proscribe it and put it down?"

We would add, why is chloroform used at all, while there is a safe anæsthetic in sulphuric ether? Suppose, in the above case, the coroner had asked, "Was the death unavoidable? Could the anæsthesia have been produced by any other agent without risk to life?" What sufficient answer could have been given? It really seems to us that a grand jury would be justified in taking this matter in hand.

Extracts from a European Letter to the Medical Record from Prof. F. J. BUMSTEAD.—Personal interviews with the two physicians just named [Rollet and Diday], were most agreeable. Diday I should judge to be about 54 years of age. He looks not unlike our friend, Dr. A. C. Post, and has all the activity and vivacity of the latter. He was much interested to know whether anything was doing in America with regard to the prophylaxis of venereal, a subject which at present is engaging renewed attention, both in France and England. A novel and rather questionable idea advanced by Diday is the parasitic origin of all venereal diseases, including gonorrhœa. His argument is this: It is the prerogative of organized beings to produce their like; venereal and other contagious diseases reproduce themselves, and hence must be of parasitic origin. Diday expects that this view will yet be confirmed by the microscope. * * *

Arriving in Paris a few days afterwards, of course I made it one of my first objects to see Ricord, the Nestor of the syphilitic world, and one of the few bright lights of twenty years ago still remaining. I was told that I should be likely to find him the least occupied at about eleven o'clock in the evening, when his office hours, which commenced at four in the afternoon, were *nearly* over. Calling at this hour, however, I found his waiting-room still filled with patients, and he afterwards told me that he was rarely through before twelve or one o'clock. Ricord has "aged," as an Englishman would say, since sixteen years ago, but his activity and endurance may be inferred from the amount of work of which he is still capable. If any medical man ever had reason to be satisfied with the well-merited honors that all confer upon him in his green old age, it is certainly he. There was no time to talk over with him any of the mooted questions of syphilis, but there is no doubt (and my friend, Dr. Atlee, of Philadelphia, will please notice the fact) that Ricord now admits in full the recent doctrines upon venereal diseases, including the duality of virus, the contagiousness of the secretions of secondary lesions and the blood, and also vaccinal syphilis. Such was the universal testimony of his friends in Paris, and I afterwards heard the same from Mr. Acton, in London, who had recently spent several days with Ricord, and had freely conversed with him upon these topics. * * *

From Fournier's lecture-room I went into Maissonneuve's wards, where I found him making his visit and surrounded by a crowd of students. On being introduced to him, he stopped to compliment the success of American Surgery, and, among several instances, mentioned the remarkable results obtained in ovariotomy as compared with the results of the operation in Paris. I suggested that the atmosphere of hospitals was peculiarly unfavorable to this operation, but I soon found that I had touched him in a tender spot, for he immediately began a lecture lasting at least twenty minutes, in which he attempted to show that atmospheric and local influences have nothing whatever to do with the success or failure of any operation, and that everything depends upon the skill of the surgeon! "When we know how to operate in cases of ovariotomy as well as American surgeons," said he, "we shall have equally as good results." One of the internes whispered to me that this was a favorite idea of Maissonneuve, and that I had better not reply to his arguments if I wanted to see anything of his service, since he would keep on talking all day. Maissonneuve is as fond of using the *écraseur* and his *urethrotome* as ever.

Heart Disease in the British Army.—Nearly three years ago Lord De Grey appointed a Committee, of which a most able soldier, General Eyre, is president, to report on the influence on health of the accoutrements and knapsack, and to recommend alterations in equipment. This Committee has presented two reports, and has been busy in carrying on experiments and trials with different equipments for the last three years. * * * * *

The objects which the Committee appear to have contemplated were, to reduce to the utmost the weight carried by the infantry soldier, and to distribute this weight on the best mechanical principles. They have gained six pounds by lessening the weight of the belts and pouch, and by substituting a bag for the framed knapsack. They have then lessened the articles in the kit, which the soldier carries himself, to the smallest number consistent with his comfort and health; in this way they have lightened his load some three or four pounds more. They have then so arranged this weight that every part of the body on which weight can be put takes some share, though the greater part is brought by the yoke fairly on the shoulder-blades, directly over the centre of gravity. The straps are so placed as not to press unduly anywhere; and the general result is to give a man as much freedom as can ever be hoped for when a heavy weight must necessarily be borne.

The Committee has also arranged for an immense amount of ammunition (ninety rounds, we believe) being carried on emergency, though they are careful to explain that this is only intended for special occasions.—*London Lancet.*

Alcoholic Treatment of Disease.—In an article on this subject in the *Medical and Surgical Reporter*, the experience of Mr. Higginbottom of Nottingham is quoted, who for thirty years has never prescribed stimulants, and finds his results perfectly satisfactory; of Dr. Collenette, of Germany, who says:

"For twenty-one years I have banished all intoxicants from my practice, and during that period I have not made fewer than 180,000 medical visits, and I hesitate not to say that the recoveries have been more numerous and more rapid than they were during the five years I followed the usual practice, and administered brandy, wine, and beer."

Mr. Smith, the governor of the Edinburgh jail, states that out of 150,000 criminals who had passed through his hands—many of whom had been great drinkers, and whose liquor was cut off when they crossed the jail door—not one case of injury had occurred by the drink being taken from the person at once.

The Great Salt Lake of Utah.—While in the Territory I visited that vast natural deposit of chloride of sodium, Salt Lake, and with several friends tried the experiment of bathing in it. We waded out from the shore until the water reached our arm-pits, when our feet were raised from the bottom and we remained suspended. The specific gravity of the water is so great that we were enabled to float upon the surface without moving hand or foot. We folded our arms and sat up in the lake, only sinking to near the arms, and we floated about like corks. The sensation was most novel and peculiar.

The fact is, that the entire volume of the lake is a saturated solution of salt, the water being charged to its maximum capacity; and we were told that four buckets of water, made, when evaporated, one-fourth the volume of pure salt.

The wind was blowing quite fresh while we were in the lake, and the spray fell upon our heads and in our eyes, causing most acute pain. In a very few minutes after we came out of the water our bodies were encrusted with an armor of salt, and our hair was also frosted over with it, giving us the appearance of very great longevity. We felt exceedingly uncomfortable in this saline covering, and were puzzled as to how we should dispose of it, until some one suggested that we should go to a fresh water spring near by, and dissolve the salt, which we did. We did not see a fish or other living animal or reptile in the lake, and I doubt if animal life could be sustained there.

As is very generally known, this vast body of water (something like eighty by thirty miles in extent) receives several quite large fresh-water streams, but has no visible outlet.

Ever since it was first discovered it has been constantly contracting, and the water receding from the shores. The water of the Salt Lake has a greater specific gravity, and a greater amount of solid matter than any other known, with the exception of that of the Dead Sea.

One hundred parts of the water by weight were found to contain, after evaporation, 22.422 of solid matter, in which were the following constituents:

Chloride of Sodium, ...	20.196
Sulphate of Soda, ...	1.834
Chloride of Magnesium, ...	0.252
	22.282

a trace of chloride of calcium; or within 2.298 of the amount of solid matter found in the water of the Dead Sea.—*Col. Marcy's Army Life on the Border.*

Dr. Bumstead has resigned his post of Lecturer upon Materia Medica at the College of Physicians and Surgeons, and Dr. James W. McLane has been appointed in his place. Dr. Bumstead has accepted the appointment of Professor of Venereal Diseases at the same College.

It is stated that nine Surgeons of the United States Army have recently died in Texas from yellow fever.

Four surgeons of the U. S. Volunteers are ordered to be honorably mustered out of the service. This leaves but one surgeon, U.S.V., in service.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, August 31st, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	53	53	106
Ave. mortality of corresponding weeks for ten years, 1856—1866	53.6	54.0	107.6
Average corrected to increased population - - - - -	00	00	118.67
Deaths of persons above 90 - - - - - - -	1	0	1

Pamphlets Received.—Ninth Annual Report of the Chicago Charitable Eye and Ear Infirmary, for the year ending May 1, 1867.—Tenth Annual Report of the Board of Directors for Public Institutions of the City of Boston, for the Financial Year 1866-67.

Married,—At Pepperell, 28th ult., Ellery C. Clarke, M.D., of Holliston, to Mrs. Carrie L. McCammon, of Cincinnati, Ohio, daughter of John Loring, Esq., of P.

Died,—At Bucksfield, Me., Aug. 4, Dr. A. A. Child, 34.—In New York, Aug. 4, Charles E. Morgan, M D., in the 34th year of his age.

Deaths in Boston for the week ending Saturday noon, August 31st, 106. Males, 53—Females, 53. Accident, 3—apoplexy, 2—inflammation of the bowels, 3—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 2—burns, 1—cancer, 2—cholera infantum, 23—consumption, 8—convulsions, 2—croup, 1—debility, 2—diarrhœa, 4—dropsy, 2—dropsy of the brain, 4—drowned, 1—dysentery, 5—scarlet fever, 3—typhoid fever, 3—disease of the heart, 1—infantile disease, 2—inflammation, 1—disease of the kidneys, 1—inflammation of the lungs, 1—marasmus, 6—old age, 3—paralysis, 1—puerperal disease, 2—scrofula, 1—smallpox, 1—suicide, 1—sunstroke, 1—unknown, 9—whooping cough, 1.

Under 5 years of age, 56—between 5 and 20 years, 7—between 20 and 40 years, 17—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 81—Ireland, 21—other places, 4.

THE

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CONTRIBUTIONS TO PRACTICAL SURGERY.

By John P. Mettauer, M.D., LL.D., Prince Edward C. H., Virginia.

[Communicated for the Boston Medical and Surgical Journal.]

Intrastructural Treatment of Tumors.

Some twelve or fifteen years since, the writer treated an interesting case of scrofula, in which the parotid, submaxillary and sublingual glands of both sides were extensively implicated. The subject was a youth, about 9 or 10 years of age, well grown but pale, rather feeble, short-winded, and disinclined to take exercise. For a year before the case came into my hands, the disease had been slowly advancing, but had not been subjected to any regular treatment, as was stated by a senior member of the family, domestic remedies being chiefly employed. For a number of years the writer has relied chiefly upon emetics and brisk purgatives, with restrictions on diet, and an equable state of the body temperature, in treating scrofula, more especially the form now under consideration; and a vast number of the cases yielded to such treatment, as was evidenced by the perfect cures following from it. In the case now under consideration that plan, however, failed, after a fair trial; and the writer, believing any further attempt to medicate it through the constitution chiefly would endanger the life of the patient, determined to subject it to topical treatment by injecting into the bodies of the tumors some sorbefacient liquid; and the remedy selected was the tincture of iodine. The tincture employed was formed by dissolving half an ounce of iodine in eight ounces of alcohol, and from thirty to forty drops were injected into the tumors once in three or four days, using for the purpose a small glass syringe and a delicate trocar formed for the purpose. The central portions of the tumors were first injected, and in succession the remedy, from time to time, was applied to nearly every portion of them. Very slight pain attended and followed the operations, and the patient, comparatively a child, submitted to them readily, only complaining of a burning sensation in the tumors at the time of injecting them, and inconsiderable soreness afterwards.

This treatment was kept up for two months, at the expiration of which time the tumors had entirely disappeared, as well as the disgusting deformity caused by them, and the skin of the respective regions occupied by them appeared in all respects healthy, as well as smooth and comely. During its progress, the first perceptible changes in the condition of the tumors were, increased bulk and sensibility, and very slight exaltation of temperature. In ten days after the first injection was used, the tumors became somewhat lobulated, as well as softened under the taxis; and these changes progressively increased until they disappeared entirely.

To aid the sorbefacient operation of the intrastructural treatment, aperients were employed, and as the amelioration progressed, with the design of correcting anæmia, iodide of iron was superadded, after the tumors had become reduced more than two thirds of their original bulk. During the treatment it could not be perceived that the constitution experienced any marked change, and certainly nothing like iodism made its appearance.

This was unquestionably an example of struma of well-marked character, and the subsidence of the tumors under the treatment to which they were subjected, and their final disappearance, were equally striking. There was evidently a decided constitutional aptitude for the disease, as the subject presented most of the appearances which indicate such a state, and was descended from scrofulous parents.

Some years after this case was treated, an example of fibro-adipose tumor was placed under my professional care, which, by reason of its size and situation on the neck, I determined to treat with intrastructural injections. This tumor was as large as a fist, completely filling the space between the right half of the inferior maxillary bone and corresponding clavicle, and was of soft, compressible character. Before coming into my hands, an extensive incision had been made into it, and from the information given me by the patient, the surgeon who made the incision represented that the tumor consisted of adipose and very loose fibrous matter, the latter greatly preponderating. So large and illy defined was the tumor, that I felt unwilling to attempt its extirpation with the knife, to say nothing of my reluctance to subject the patient, a young female about 16 years old, to a painful operation, which would necessarily be followed by an extensive and deforming cicatrix should recovery take place.

This patient evidently had a strumous aptitude, but less strongly marked than in the case above referred to; and although pale and anæmic in some degree, seemed to enjoy good general health. She informed me that the tumor had existed eight months, and that its development from the first discovery of it had been quite rapid, but almost entirely painless. Even when handled roughly, it seemed entirely free from tenderness, and imparted to the taxis a feeling of soft wool.

The injection employed in this case was the tincture of iodine, and of the strength as well as after the manner of that used in the above reported case. Three injections, after intervals of ten and twelve days, were introduced, which, at the expiration of six weeks, were followed by the perfect dispersion and removal of the tumor. The injections caused sufficient irritation to render the tumor hard, quite sensitive when handled, and to cause some pain in mastication or other motions of the lower jaw; but these conditions soon disappeared, and without being attended with, or succeeded by, suppuration. Very slight constitutional disturbance followed the injections after the first; this caused a feverish state in moderate degree, attended with headache and loss of appetite of one or two days' duration. The injection was applied to the central portions of the tumor first, and then to the peripheral, a single time. As soon as the inflammatory hardness caused by the first central injection abated, it could be perceived that there was manifest diminution in the size of the tumor, which was the case after each application of the remedy. Some months after the disappearance of the original tumor, there was a slight return, or apparent return of it; but regarding this as, perhaps, only accidental hypertrophy of the structures lately the seat of the disease, due chiefly to morbid impressibility following the treatment, and likely to subside after a short time spontaneously, nothing was done for it; and as the patient has not returned, after promising to do so should the tumor continue, it is probable she is again well.

At the date of this paper, the writer is treating an unpromising case of scrofulous tumefaction of the female mamma by intrastructural injection of the diseased organ. The mamma is extensively diseased, the entire gland seeming to be implicated and greatly enlarged, as well as indurated, painful, and sensitive to the slightest touch. Besides the disease of the mamma, numerous other local manifestations of constitutional scrofula exist, yet the general health has not materially deteriorated, notwithstanding the patient's severe suffering and loss of sleep for several months. Four injections thus far have only been employed—three of tincture of iodine and one of strong, pure acetic acid. The injections were applied first to the central portions of the mamma, and next to the peripheral after intervals of ten and fifteen days. In this case the remedy caused considerable pain, but comparatively very little inflammation of the parts injected, and no great constitutional disturbance, except sleeplessness; and after the trial of the remedy four times, it could not be perceived that any marked change had taken place in the diseased mamma, favorable or otherwise. The case is still under treatment, and should a fortunate result follow, which it is feared is quite improbable, it will certainly be reported.

The writer thinks he derived the idea of the intrastructural treatment of tumors from the employment of firm compression, the seton and acupuncture in such cases years since, in which successful results followed, and no doubt were due to the irritation set up by those agencies in the diseased parts, of a different character from that upon which such growths depend. That injecting an abnormal growth with either of the substances which have been named tends to set up in them irritation, and essentially to change the innervation as well as their nutritive action also, will not be denied; and firm compression, the seton and acupuncture, it seems, must act chiefly in the same manner. Besides the contra-irritant action of the tincture of iodine, however, sorbefacient influences seem to be exerted by it likewise. Even acetic acid may act in like manner, though Dr. Broadbent, of London, thinks the injection of it into cancerous tissue arrests its growth, or causes the re-absorption of it, by a solvent power it is supposed by him to exert upon the living textures. It will not be profitable to attempt an explanation of the *rationale* of the discutient action of intrastructural injections in these cases, as it would be pure speculation; but it may be assumed, without fear of contradiction, that a change of vital action of the affected parts, both of the tumors and of the supporting textures, is the result of such treatment, a change which opposes the continuance as well as the further extension of them.

For many years the writer has entertained the belief that the scrofulous diathesis, in whatever condition of the living organism it may consist, constitutes the true foundation of cancerous development. In every case of that disease committed to his care, and their number has been great, the disease was clearly connected with a strumous constitution more or less strongly marked. Frequently, too, scrofulous tumors of the glands have, after their long continuance, degenerated into cancer; and the removal of a cancerous parotid and mamma has as often been succeeded by phthisis, which, very probably, is scrofula of the lungs, or the phthisical form of cancer. There is no doubt that phthisis often precedes and follows the evolution of cancer in the same individual; and, *vice versâ*, that the same is the case with scrofula and cancer of the mamma with respect to phthisis. Indeed, these diseases seem to depend upon the same kind of morbid action, but the products differ, in some slight degree, perhaps, by reason of the higher or lower grade of phlogosis by which they are accompanied. And, if the method of treating scrofulous tumors by intrastructural injection is safe and beneficial, it would seem that it might prove equally so in cancerous growths likewise. The relationship of cancer and tubercle has been referred to by Dr. Thomas Weeden Cooke, in a work lately published in London, entitled, "Cancer, its Allies and Counterfeits;" and the writer of this paper is really gratified at finding his views on this subject, so long entertained, supported by such respectable authority. Dr. Broadbent, of St. Mary's Hospital, London, already referred to, proposes to treat cancer by injecting the diseased texture with acetic acid, and the results, in the cases thus treated, have been quite favorable.

This method has also been tried in the Massachusetts General Hospital. It is exceedingly probable that it will be found as useful in the treatment of non-malignant as in scrofulous and cancerous tumors, with the exception, perhaps, of the bones when invaded by those diseases, and the second case referred to in this paper justifies such a belief.

Retention of Urine from Weakness of the Bladder, cured by Injections of Tea.

Some years since the writer was called in consultation into a neighboring State to see a highly respectable gentleman, in a case of retention of urine. The gentleman had been laboring under the disease some eight or nine months, was about 55 or 60 years of age; previous to his attack, was of vigorous general health, of active habits, and, as is too common with wealthy persons, had lived luxuriously. The case had been skilfully treated for some months with the usual remedies by the gentleman's family physician—a pupil of the writer—but with only palliative results. When the early history of the case, as well as the treatment to which it had been subjected, had been explained—and this was opportunely done just as the hour had arrived for decanting the urine—a catheter was carefully introduced into the bladder by the writer, and without the slightest difficulty. The urine flowed readily, but with a feeble stream, and without any perceptible projectile force or pain. The peculiarity of the stream, as the urine was escaping through the instrument, induced the belief that a want of contractile power of the vesical walls constituted the chief difficulty in this case, although more or less enlargement of the inferior lobe of the prostate, as well as of the gland generally, must have co-existed also, judging from the age of the patient. An infusion of common table tea as an injection into the bladder suggested itself as a remedy, most likely to meet the indications, while the urine was yet flowing. The tea was employed, and a single injection of four ounces of the infusion, of the ordinary strength for table use, relieved the retention, and probably it was the first time tea was ever thus used.

In this case considerable irritation resulted; not, however, of a painful character, but rather of the nature of strangury, the desire to urinate being more urgent as well as frequent, with slight tenesmus. The irritation gradually subsided after two or three days, and the retention likewise. As evidence of the benefit derived from the tea, the writer will state that an additional fee was enclosed to him by the grateful patient through his family physician some weeks after the consultation. The subject of this interesting case lived some years after the tea was used, but of what disease he died, or whether the retention returned or not, he has never been informed.

Since this first trial of the tea, as a vesical injection in retention of urine, in the case just referred to, the writer has frequently employed it in the chronic diseases of the walls of the bladder, and generally with marked benefit. He has derived, most frequently, however, the greatest amount of relief from it in retention of urine when the result chiefly of debility, relaxation, or torpor of the vesical walls, and insensibility of the mucous lining to the action of urine, with moderate enlargement of the prostate. When enlargement of the inferior lobe of the prostate gland is the chief cause of retention of urine, little if any benefit need be expected from the tea unless such enlargement is complicated with œdema of the gland, or great relaxation of the vesical walls. In cystorrhœa of subacute character and of long standing, it is a valuable topical remedy, used after intervals of eight or ten days. Occasionally it will be found useful in incontinence of urine dependent upon relaxation of the mucous lining of the bladder, as well as debility of the sphincter muscle, often met with in children, and young females near the period of puberty. The injection should be of the strength of tea as commonly used at the table, and may be employed in quantities varying from two to four ounces. It should be about lukewarm when introduced, and retained from three to ten minutes. For the purpose of introducing it, a common number six or eight gum-elastic catheter, adapted with a cork to a four-ounce caoutchouc bag, will answer very well. The vesical cavity should always be evacuated of its urine and washed out with tepid water before using the tea. Should the tea cause severe irritation of the bladder, cold or tepid injections of rice-water, elm-bark, flax-seed, or the tea of althæa, may be introduced into it from time to time until it moderates, beginning not sooner than six or eight hours after the tea is discharged. Even cold water may be employed now and then if internal heat is complained of. Should these measures fail to relieve after a sufficient time, the bowels must be freely purged. Mild demulcent and diuretic drinks will be proper, and can be beneficially used in most cases as long as the remedial irritation continues. If violent pain follows, and the patient cannot sleep of nights, a laudanum or morphine injection of small bulk should be used.

April 16, 1867.

A NEW TREATMENT OF LEAD POISONING.

[Translated for the Boston Medical and Surgical Journal from the Gazette des Hopitaux.]

By W. F. Munroe, M.D.

In a recent clinical lecture, Prof. Monneret, of the Paris Medical School, gave the following exposition of his peculiar treatment (cold intus and extra) of lead poisoning.

Of all poisonings that by lead and its salts is the most frequent. It is not my intention to-day to describe the different phenomena of this intoxication; I shall only say that they are very varied, and come on sometimes slowly, sometimes rapidly. In the first place, the workmen experience vague abdominal pains. Then there are troubles of the sensibility and motility, commencing in feebleness and ending in paralysis. After a certain time the abdominal colics become very violent, and are accompanied by obstinate constipation. This increase in the intensity of the colics is often due to excesses in drinking, which are usually denied by the patients.

Like other physicians, I had always treated these accidents by the free use of evacuants, when, some eight or nine months ago, the idea of a rational treatment suggested itself to me, based upon the supposition that the principal symptoms are due to an affection of the sensitive and motor nerves. This treatment was by the application of cold, *intus et extra*. Cold, as is well known, either directly or through the capillaries, has a great influence upon the nervous system and thus upon the secretions. For this reason I was led to inquire whether the sensibility and secretions of the intestines could not be modified by the action of cold as well as by that of the evacuants which I, in common with others, had always employed. The experiment being a harmless one, I was perfectly justified in making it; and, in addition to this, I was confirmed in my ideas by the success of an analogous preventive treatment by hydrotherapy as followed, under my directions, in one of the Clichy workshops. I myself, in my own service, have used this treatment in more than forty cases of workmen showing the early symptoms of lead poisoning, and have found it sovereign.

As soon as I see the patient I order him some iced drink, lemonade for example, occasionally adding a little wine. At the same time I order three cold-water injections daily, the water to be retained in the rectum as long as possible. In addition to the cold drinks and injections, the patient is submitted to hydrotherapy morning and evening, and, in some cases, a shower-bath is given at noon. This may be from a hose-pipe or the ordinary shower-bath, and should never last more than a minute. The action of this douche is not simply refrigerant, but is much more profound and general, stimulating the capillary vessels, which contract, at first, driving back the blood, and then expand, allowing a free return. Sometimes the action of the glands is increased, and a light perspiration covers the body. These effects of hydrotherapy, upon which I hope to dwell longer at another time, are very manifest and very active, and one can understand that the activity of the tissues is renewed. To these different means I add a cold poultice, in order to maintain a constant refrigeration. And, in this connection, let me teach you what I was ignorant of for a long time—that is, the way to make a cold poultice. Take a large linen or cotton cloth, and on it spread a layer of linseed meal half an inch thick. Upon this place pieces of ice about the size of a hen's egg; then add another similar layer of meal, and fold the cloth over so as to enclose the whole. Apply this to the abdomen, and the gradual melting of the ice keeps up the influence of the refrigeration for some three hours. This powerful agent I employ, not only in lead colics, but in all cases in which such action is indicated (such as typhoid fever and peritonitis, for example), and greatly prefer it to the application of ice in bladders, which is sometimes intolerably painful to the patient. By the treatment just described the most speedy results are obtained, and I have seen the disease entirely cured in from two to seven days. In the forty cases observed by me, with two exceptions, all the symptoms of nervous trouble have disappeared as if by enchantment. The progress toward cure is this: during the first three days the constipation persists, and the injections are returned as they were given; the pain, however, disappears. On the fifth or sixth day, the fæcal matter, more or less softened, is rendered naturally, and the cure is complete.

For a long time this treatment appeared so simple that I regarded it as purely palliative; to-day, however, I consider it a powerful curative agent, acting upon the capillary and vaso-motor systems, and putting in play the natural secretions and excretions, thus aiding the organism to free itself from the poison which has manifested itself by a profound disturbance of the nervous system. It is by restoring to this its activity and molecular action that cold is curative to such an extent.

THE HYGRODEIK AND THE PROPER MEANS OF HYDRATING OUR HOUSES AND HALLS OF ASSEMBLY.

[Report to the Suffolk District Medical Society.—Continued from page 59.]

Having thus closed the first portion of our subject, let us turn our attention to the second and more important, that of the proper hydration of our houses and halls of assembly during the winter months, when by artificially raising the temperature of the atmosphere, we completely change its nature.

It is to be taken for granted that the natural constitution of air at any given temperature is better adapted to life and human comfort, than an artificial air can be, and it is to be secured as nearly as possible in all structures designed for human occupancy.

In the greater part of the United States there is a regular curve of differences in the successive months of the year, as follows: January is coldest; February, two to four degrees warmer; March, eight to ten warmer than February; April, ten warmer than March, and nearly at the mean for Spring, and also for the year; May, nine to twelve warmer than April; June, seven to nine than May; July, four to six than June; August will be one to three cooler than July; September, five to eight cooler than August; October, eight to ten less than September, and near the mean of the autumn and the year; November, ten to fourteen less than October; December, ten to fifteen less than November.

To compare the quantities for any month or any other period with averages for the same period either way, it must be borne in mind that a difference of five degrees for a month either way is a large difference, and the extreme difference in summer, while in winter ten degrees is an extreme difference. For the year five degrees either way is an extreme difference; that is, a year five degrees colder or warmer is probably the coldest or warmest in any period of 25 years.

During the summer months, including May and September, the weather is so warm that our houses do not require additional heat to make us comfortable; in winter we merely require that degree of heat which will produce the same agreeable warmth artificially, that is given us by nature without aid in the milder season. It will not be unreasonable in us, if we seek in winter the usual mean temperature of these warmer months.

We shall find that a portion of southern Maine, New Hampshire and Vermont, the valley of Lake Champlain, and the vicinity of Montreal, may be correctly represented by the mean of 67°.5; and the general features apart from the mean are quite alike in these districts, all being interior climates, with a large range of single extremes, and of extremes in consecutive years. This measure is common to still more extensive districts, as it embraces nearly all Massachusetts and of New York, Northern Pennsylvania, Michigan and Wisconsin.

In our own State we have a series of tables extending through many years, which has been prepared from the data of a number of observers, whose observations were taken not only in towns along our sea coast, but also in the interior in high land as well as low land. In the series which we now refer to, the details of the first series of 33 years are accessible in Cambridge, as are also those of Dr. Williams from 1783 to 1788. For the period of 1786 to 1828, Dr. Holyoke's celebrated series is preferred, though Prof. Farrar observed 23 years in Cambridge, 1790 to 1812, with apparent accuracy, and these two series accord very closely. Next there are 20 consecutive years at Boston by Mr. Hall, 1820 to 1839.

The United States Arsenal, at Watertown, supplies the interval, which is taken for 4¼ years, 1837 to 1841, to compare with others of same date; and Prof. Bond's series at the Astronomical Observatory of Harvard University, supplies the rest and concludes the period. The series at Salem are published in full, with prefatory memoir by Dr. Hale, in the Memoirs of the American Academy, 1838. The hours of observation were 8–9, about noon or 1 p. m., at sunset, and regularly at 10 p. m. The first seven years were prepared by Dr. Holyoke for publication; the next 26 years by Dr. Clapp, and the last by Dr. Hale. For 3 years, from 1793 through 1795, the hour of sunrise was observed, and after 1818 a register night thermometer. At Boston the hours were 7, 2, 9. At Arsenal and Observatory, sunrise, 9, 3, 9, till 1853, then 7, 2, 9. The series representing the climate of Boston is complete for 70 years, and with Dr. Winthrop's observations could be made for 115 years. In Dr. Holyoke's Meteorological Journal, we find these general results, for 43 years, from 1786 through 1828.

	1st seven years.	2d.	3d.	4th.	5th.	6th.	7th year.	Whole 43 years.
May—	56.87	58.29	57.33	55.27	55.54	56.76	57.81	56.84
June—	67.21	68.43	67.80	66.00	65.07	67.97	67.87	67.19
July—	71.30	73.45	72.94	70.49	71.84	73.23	74.15	72.49
August—	69.75	72.80	71.32	69.64	68.45	61.57	70.09	70.53
September—	61.32	63.66	64.44	62.57	61.48	64.51	63.02	62.96

From the averages of these five warm months at Salem, during 43 years, we find the mean heat of this season during that time was 66° and a very small fraction, less than one-hundredth of a degree.

Taking the united series from 1780 through 1856, comprising the observations at Salem, Arsenal at Watertown, Cambridge College Observatory, and Boston, we find the months already noticed give us the following mean: May, 55°.5; June, 64°.3; July, 70°.9; Aug. 68°.3; Sept. 62°.3. And from these means, extending over so many years, we obtain an average heat of 64°.2.

In another series published by the Senate of the United States, a number of towns of Massachusetts are given, with their temperatures during the years 1854, '55, '56, '57, '58, '59, some of these towns being inland of high altitude, others on the sea-board, such as Amherst, Nantucket, New Bedford, Newburyport, North Attleboro', Princeton, Worcester. In this series we find these means of heat: May, 51°.9; June, 65°; July, 70°; August, 67°; September, 61°. And from these means during six years we get the average temperature of 64°.

In a series of tables published in the proceedings of the Franklin Institute, by James A. Kirkpatrick, taken from observations made in Philadelphia during 15 years, we find these months have a higher temperature than with us.

Thus, May, 68°.36; June, 73°.02; July, 77°.82; August, 75°.49; September, 69°.5. With an average temperature for the five months, during 15 years, of 71°.83.

May we not conclude, then, that the artificial warmth we need in our houses in winter, will be that at 65° Fahrenheit, one neither too warm to oppress us nor too cool to be comfortable, and one particularly suited for our climate with its great degree of wintry cold? When a house is heated above this, the persons subjected to it are much more sensitive to external cold, more liable to the various diseases incident to winter; and we call to mind the statement of the Scotch physician who says in his opinion many more colds are caused by going from the outer cold air into a room heated up to a high grade, than by any other way which the world calls *exposure.*

With this the normal (if we may so call it) degree of internal heat, we must by no means neglect the proportional amount of humidity which is requisite to render an artificial heat really like that of summer air. "Moisture in the air must not be considered as an adventitious ingredient, but rather as an essential component of atmospheric air. It requires in general to be added to air in cold climates in winter, in proportion to the temperature communicated to it before it approaches the person."—(Dr. Ried.)

If cold air be heated in spring or summer by natural causes it absorbs a proportional share of moisture in general from the surface of moist ground, lakes and rivers, or from the ocean; and this reaches the system in a congenial condition. On the other hand, if cold and dry air be heated artificially without receiving moisture, its increased power of absorbing moisture renders it offensive to the system.

Indicating the saturation point of air at any given temperature by the number 100, we have a standard established for comparison when ascertaining the quantity of moisture actually present in any specimen of air. Upon ascertaining the amount so present, it may be indicated by a number which will bear the same relation to 100, that the amount found present bears to the amount which would be present if the air was completely saturated, or contained moisture to the full extent of its capacity; and in such a case the number indicating the quantity present is called the *relative humidity* of the air examined.

The relative humidity is affected in many ways, and especially so in different countries. Thus in England, with its moist air, the mean annual humidity of atmospheric air has been ascertained to be about 75 per cent., saturation being, as before stated, 100. But in a comparison of some of the meteorological phenomena of the seasons during fifteen (15) years at Philadelphia, made by James A. Kirkpatrick, and published in the proceedings of the Franklin Institute, we find the relative humidity of each month given, and are enabled to reduce them to the following table:

The month of May for fourteen (14) years presented the following means of temperature: 63°.36; and humidity, 63°.9.

The month of June for fourteen (14) years: temperature, 73°.02; humidity, 65°.4.

The month of July for fifteen (15) years: temperature, 77°.82; humidity, 65°.0.

The month of August for fifteen (15) years: temperature, 75°.49; humidity, 68°.3.

The month of September for fifteen (15) years: temperature, 69°.5; humidity, 68°.25.

The five (5) months for 14 and 15 years presented an average temperature of 71°.83; an average relative humidity of 66°.19.

As we now come to our own State and take the means of the towns whose temperature for these warm months has already been given, we shall have their relative humidity, taken at the hours of 7 a. m., 2 and 9 p. m., with temperature at the same hours, to be as follows:

Towns.—AMHERST, NANTUCKET, NEWBURYPORT, NEW BEDFORD, PRINCETON, WORCESTER.

	MAY.						JUNE.						JULY.					
	Temperature.			Humidity.			Temperature.			Humidity.			Temperature.			Humidity.		
	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p m.	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p m.	7 a.m.	2 p.m.	9 p.m
1854—	52	62	54	77	58	77	61	71	61	77	62	82	68	79	69	79	61	77
1855—	49	61	50	70	49	73	61	69	60	78	62	81	68	76	67	83	68	83
1856—	41	49	42	76	59	74	53	62	53	79	60	81	57	67	58	79	59	79
1857—	51	60	51	81	65	81	59	68	60	81	62	79	66	75	86	80	70	88
1858—	49	56	49	77	57	76	62	72	61	80	61	81	65	72	65	83	62	81
1859—	52	65	53	80	61	81	60	68	57	85	69	83	64	74	64	84	60	81
	49	58	50	76	58	77	59	73	58	80	62	81	64	73	64	81	63	81

	AUGUST.						SEPTEMBER.					
	Temperature.			Humidity.			Temperature.			Humidity.		
	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p.m.	2 p.m.	2 p m.	9 p.m.
1854—	63	75	65	79	56	75	56	68	58	84	63	81
1855—	61	72	62	80	60	79	55	67	56	80	58	79
1856—	53	61	54	90	68	83	49	58	50	85	66	87
1857—	63	72	64	87	68	87	56	67	57	85	63	87
1858—	62	72	63	85	66	85	57	68	58	84	60	85
1859—	63	74	64	83	63	85	55	65	46	86	67	87
	60	71	62	84	63	82	54	65	54	84	62	84

Taking the means of temperature and relative humidity at 2 o'clock p. m., of these months during these years, we have as follows:

	Temperature	and	Humidity.
May,	58°		58
June,	73°		62
July,	73°		63
August,	71°		63
September,	65°		62
	5)340		5)308

Giving us as the respective mean of 68° and 61 per cent. which we may consider the average amount of these sections of the State of Massachusetts.

According to Pouillet nearly one-half of the heat which the sun supplies to the earth is absorbed by the atmosphere. Of the heat so absorbed a considerable proportion goes to supply the mechanical energy of air in motion, or wind; and thus ceases for a time to exist as heat. Another portion is expended in causing evaporation of water from the ocean, and the moist surface of the land. The *quantity* of vapor attains its *minimum* throughout the year, in the morning before sunrise. At the same time, owing to the low degree of temperature, the *humidity* is at its *maximum.* In proportion as the sun rises above the horizon, the evaporation increases and the air receives every moment a greater quantity of vapor. But as the air opposes an obstacle to the formation of this vapor, it becomes further and further removed from the point of saturation, and the relative humidity becomes more and more feeble. This rate continues without interruption until the moment when the temperature attains its maximum. In winter the quantity of moisture regularly increases until towards the afternoon; when the thermometer commences falling, the vapor is in part condensed on cold bodies, and the proportion of vapor diminishes until next morning; while, in consequence of this reduction of temperature, the air becomes relatively moister.

In summer, things go on quite differently; in that season, the absolute quantity of vapor increases in the morning also; but, before midday the maximum occurs, and in different months it occurs sooner or later—the absolute quantity of vapor then diminishes until the time of the highest temperature of the day, without, however, attaining a minimum so low as that of the morning. As the temperature rises during all this space of time, it follows that the air is further and further from the point of saturation. After having attained its minimum, the quantity of vapor again increases very regularly until next morning, while the air becomes relatively more and more moist.

The point of saturation rises more rapidly than the temperature; a quantity of air absolutely humid at 32° F. holds in solution an amount of vapor equal to $\frac{1}{160}$th part of its weight; at 59° it holds $\frac{1}{80}$th; at 86° it holds $\frac{1}{40}$th, and at 113°, $\frac{1}{20}$th. On the seacoast the quantity of vapor goes on increasing regularly from sunrise till about two or three o'clock in the afternoon. This happens because the sea breeze rises precisely at the moment when the ascending currents draw the vapor towards the higher regions. This breeze brings vapors from the sea, and the air becomes moister during the afternoon than it is in the middle of the continent.

In summer we are obliged to notice the predominating feature, the irregular distribution of profuse showers, alternating with perfect serenity. No where else are thunder showers such grand and conspicuous phenomena, recurring at intervals on successive days. In our Northern States they are more constant than in the Southern States, or more likely to occur on the afternoons of every day through the warmest month or months. These showers are developed by the daily heat, apparently forming as that attains its maximum, in cumulus clouds, which begin with the warm hours of the day, and rise in the remnant of a stratum at evening, if not dissipated sooner. The number and duration of these is proportioned to the heat and degree of saturation, and under proper conditions in this respect they may be continued at all hours of the day.

Periods of excessive heat and saturation of two (2) or eight (8) days duration are common in the American summer. The maximum of 100° is frequently found in Canada even, and southward of the latitude of Boston it may be relied on that the temperatures of 95° to 98° will occur once or twice every summer.

These warm periods continue over several days also, and if the air is dry, the temperature easily rises above 100°. If saturated, or nearly so, it rarely goes above 95°, but the effects are very destructive in these cases, great mortality occurring in cities from sun-stroke, as it is called, which is an exhaustion or depression of the vital powers resulting from the joint effect of heat and humidity.

As a representation of these summer heats, the following observations were made by Blodgett with great care, in Washington, 1853:

	Temp. of Air.	Temp. of Evap.	Percent. of Humidity.
June 30.—9, a.m.	84	79	79
12, m.	94	81	55
2, p.m.	98.5	82.5	48
3, p.m.	99.5	81	43
4, p.m.	98	79.5	41
5, p.m.	86	71.5	47
July 1st.—9, a.m.	85	79.5	78
12, m.	91.5	80	59
2, p.m.	95	79	47
3, p.m.	93	78	48

These high temperatures with us generally have a low per cent. of saturation, often falling below 30 per cent., though at times with excessive saturation. At New York, in August, 1853, the wet bulb was at 80 to 84° from the 12th to the 14th, the air at 90 to 94°, the mortality frightful from this joint effect, over two hundred (200) persons losing their lives in the two days in that city alone.

Dr. Grimshaw, of Cork Street Fever Hospital, states:—1st. That an increase in the moisture of the atmosphere favors an increase in typhus; 2d. That an increase of temperature favors an increase of typhus; 3d. That the two previous conditions combined are most favorable to an increase of typhus.

In the American climate the difference of atmospheric humidity may reach 25 per cent. In the Eastern States a difference of more than 15 is rare.

The daily range of humidity is considered much greater in the Atlantic States than in Great Britain or other countries of western Europe. As a general rule, the dew point is here many degrees below the temperature of the atmosphere which is thus considerably removed from saturation.

We think, then, that our houses should have the artificial summer heat of a temperature varying from 64 to 68°, with a preference for that at 65°. With this an amount of moisture must be added that will give a relative humidity of 60 to 62. There can be no doubt that a certain amount of moisture is requisite as one of the conditions without which no vital actions can go on. All nutrient materials must be reduced to the liquid form before they can be assimilated by the solids; again, all the solids which are to be carried off by excretion must become liquid before they can leave the body. The nervous and muscular tissues contain a very large proportion of water, the former as much as 80, the latter as 70 per cent. By the long application of dry heat to a dead body, its weight was reduced from 120 pounds to 12; so that taking the average of the whole, the amount of water, not chemically combined, but interstitial, might be reckoned at as much as 90 per cent. Much solid matter must have been lost by this procedure, therefore we shall be more correct if we consider the weight of the fluids of the body to exceed that of the solids by six or seven times.

Our exhalations are loaded with aqueous vapor. At a dew-point of 32° one pound of vapor escapes for every thirty-five pounds of expired air; with one at 75°, one pound for every sixty-nine pounds. As the dew-point is higher in summer than in winter, we exhale less moisture in the former; but is this not offset by the perspiration? The amount exhaled is estimated at from sixteen to twenty ounces in twenty-four hours. The skin also secretes aqueous vapor, as sensible sweat or insensible transudation, amounting to nine grains troy a minute. Seguin estimated it at fourteen grains a minute for lungs and skin. If constant, we lose as maximum two and a quarter pounds in twenty-four hours; minimum, one and a half pound, varying with dew-point and temperature. A heat of 100° more than the natural temperature of the body may be borne with impunity by the amount of secretion bathing the surface of the body and keeping it cool.

We cannot do better than by quoting the words of Dr. Wyman:—"The influence of this agent upon the human system is exceedingly important. The lungs are continually exhaling moisture, its quantity depending upon the hygrometric state of the atmosphere. Whatever be the condition as to moisture of the inspired air, it is uniformly expired very nearly saturated with aqueous vapor, and as its avidity for moisture is inversely as the quantity it contains, it is obvious that the amount removed from the lungs must also vary in the same proportion. The skin also loses moisture by the processes of insensible perspiration and transudation or sweating. The former of these, by which much more (nearly six times as much, under ordinary circumstances) is lost than by the latter, is greatly influenced by the hygrometric state, the motion and rarefaction of the atmosphere.

If the air be too dry, the lining membrane of the lungs, throat and mouth may be deprived of its necessary moisture so rapidly that an uncomfortable degree of dryness, or even inflammation, may be induced.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

July 22d.—*Tumors in the Brain; Disease of the Renal Capsules, without Symptoms.*—Dr. Jackson showed the specimens, and reported the case.

"The patient was a tuner of piano-fortes, about 30 years of age, and of good general health. In December, 1865, he was attacked with acute rheumatism, and was sick for six weeks. Last July he had an attack of peritonitis that lasted for six or seven weeks; and, before he was quite recovered from this, there came on a pain along the right sciatic nerve, shooting from the hip to the foot, and becoming quite severe. For this pain he entered the Massachusetts General Hospital on the 31st of January; and, on the following day, there were noted the signs of a deep-seated abscess near the sacrum, upon the right side. On the 5th of March he was discharged, relieved. The pain left him in the course of the spring, but the abscess went on, and was opened about the middle of June, after which it healed up at once, and he had no further trouble from it.

"On the 17th of February, he reported some pain in the back of his head for the last few days; and, on the 4th of March, a neuralgic headache which he had had every night for about a week, and which sometimes kept him awake. From that time he had more or less pain until his death, and it soon became severe; not constant, but rather in paroxysms, with nausea when most severe, and often relieved by vomiting. The seat of the pain was upon the right side, towards the upper part, and rather towards the front. On the 27th of May, when he was first seen by his attending physician, there was an amaurotic appearance of the eyes, with apparent protrusion of the globes, but without any change in the pupils. These last, subsequently, became dilated and unaffected by changes of light, with slight strabismus and failure of vision; and for the last three weeks he was totally blind. The two eyes were about equally affected. A month before his death he was also somewhat deaf in one ear, but in a few days this passed off. During the last few days he imagined that he saw various fanciful objects, but he seemed to know that they were illusions; and, otherwise, his mind was never affected. Once only, and in the month of May, he had a convulsion. The power of voluntary motion and the sensibility were never affected. From the month of May he was confined to the house, and for about a month before his death to the bed, with much loss of flesh and strength, though he was by no means greatly emaciated at last; his weight, in health, averaging 140 to 150 pounds. The pulse averaged about 100. His appetite was keen, as I believe that it often is in organic affections of the brain; and he was just having some chicken cooked for him when he suddenly died, on the morning of the 19th inst. Bowels rather torpid. Urine well. As one of the tumors was connected with the cerebellum, inquiry was made of the father, but he knew nothing of his son's sexual feelings being in any way affected. And, as the renal capsules were so much diseased, it should be stated that there was never the slightest discoloration of the skin.

"On dissection, two tumors were found in the brain. One was in the substance of the right optic thalamus; the other was upon the surface of the left lobe of the cerebellum, and about the middle of the line of union of the upper and under surfaces. Both were of a sufficiently regular and ovoid form, and quite firm to the feel. The first was about the size of a nutmeg; and, on section, showed a degree of translucency, such as is sometimes seen in the lymphatic glands, but with an appearance not very unlike that of the brain itself, with a defined deposit in the centre of opaque, yellowish lymph. The other was of the size of a large English walnut, without any appearance of brain on section, but uniformly opaque throughout, though not as deeply so as the central portion of the other tumor; the structure seemed uniform throughout, and there was nowhere any trace of softening in either tumor. The right optic thalamus appeared about twice and a half as large as the left, when the two were first exposed, and somewhat opaque. Around each of the tumors the cerebral substance was of the consistence of a soft pulp to the depth of two or three lines, so that they both fell out as the brain was being handled, and it was quite impossible to determine the relations of the larger mass to the membranes. As the other mass, however, was certainly found in the substance of the brain, it was inferred that the larger one was also. These tumors had not at all the general appearance of tubercular masses, and, in accordance with this fact, there were found no traces of tubercles in the lungs or bronchial glands. Excepting the softening immediately about the tumors, the brain was perfectly healthy, as were the membranes upon the surface, unless there was a deficiency of moisture. There were, however, two ounces of clear serum, by exact measurement, in the lateral ventricles. As usual, these cavities appeared quite large when laid open, and the opening between them was large, but the septum was firm. There was, also, a flattening of the convolutions, with distension of the dura mater, as usual when there is effusion into the ventricles.

"In the abdomen, there were found universal and old adhesions, resulting from the peritonitis that occurred last year. The left renal capsule was enlarged, and the right was between two and three times its usual size. To the feel they were quite firm; and, on incision, were found to contain a large amount of opaque, tubercular-looking matter, though some portions were healthy. The other organs looked healthy externally.

"In the thorax there were universal, old, pleural adhesions upon the right side, explaining a statement made by the patient at the Hospital on the 11th of February, that 'a year ago he had a severe attack of pain in right side of chest, which prevented work for a week.' The left side was free, and the organs were healthy.

"On examination of the back, and though the abscess closed up at once after it was opened, there was found a softness of the tissues, with some infiltration of opaque lymph beneath the glutæus maximus, and in the seat of the former inflammation. The bones, however, which it was thought might have been diseased, were healthy.

"The cause of the suddenness of the death did not appear.

"Disease of the renal capsules, in connection with discoloration of the skin, &c., has been observed often enough here to fully substantiate Dr. Addison's original and very important observation; but the cases in which the disease has been found without the symptoms have not, so far as I am aware, been brought out; and it is certainly very desirable that they should be."

The following microscopic appearances were observed by Dr. C. W. SWAN:—

"Tumor of optic thalamus. General character of the translucent portion, fibro-cellular. Fibrous element distinct, but not prominent. Acetic acid brought out crowds of small nuclei. The loose material scattered over the field of the microscope consisted in part of imperfect shrivelled cell-forms, in part of round or oval nuclei, with nucleoli, free or enclosed in delicate fusiform and caudate cells. The central opaque mass presented the appearance of tubercular matter, or such as might occur from the degeneration of a variety of cell-structures. There was very little fat.

"The large opaque tumor of the cerebellum, though tolerably firm, had undergone such degeneration that, whatever its original structure, its final character was much like that of cheesy tubercle—minute elements indistinctly suggesting cell-forms, empty or containing bright granules, together with granular debris and a little fat.

"The tuberculoid masses in the supra-renal capsule consisted of degenerate granular material, with a considerable number of delicate, slender or linear cells, such as belong to new connective-tissue."

July 22d.—*Ovarian Cyst; Removal; Death in fifty-eight Hours.*—Communicated to the Society by Dr. M. Wyman.

Mrs. W. V. S., aged 42, married; two children. Fourteen years ago had inflammation in right iliac region, which slowly subsided, leaving a certain amount of tenderness, resistance to pressure, and an unnatural sense of weight. In December, 1866, first noticed fulness in abdomen, which has steadily increased up to the present time, with more or less pain and tenderness. Pulse increased in quickness and frequency; occasional heat of skin; emaciation; œdema of legs and thighs. Quantity of urine about one pint in twenty-four hours, not coagulable. Appetite pretty good, strength diminishing. Now (June), obliged to sit upright most of the time; lies in bed only occasionally. May 28th, 1867, tapping with large trocar and canula, just below umbilicus and to the right of the median line. Fluid, 1st, a thin, straw-colored serum, apparently from the peritoneal cavity; 2d, a gelatinous substance, of about the consistency of "calves-foot jelly"; quantity, somewhat more than a quart.

June 7th.—Again tapped. Gelatinous substance and serum as before, removed by means of exhausting syringe; quantity, about two quarts. Considerable relief of distension after both operations. Exploration with probe indicated more than one sac. No inflammation appeared to follow either operation, at least so far as pain or tenderness indicated it. Such is the history to this time, June 17th.

The patient now puts, substantially, these questions:—

1st. Is recovery possible without the removal of the diseased mass? Answer—No.

2d. Is there a chance of recovery after the removal of the diseased mass? Answer—Yes; but the chance is small, and the probability is against recovery, and you are advised against the operation.

She now says, that chance, great or small, which a surgical operation offers, I claim as my right, and demand it of the medical profession. The question for consideration is this:—

Can the profession, under these circumstances and with this history, deny the right or refuse the demand?

June 17th.—The above question was put to each of the gentlemen who were invited to be present, and with one exception they answered unhesitatingly in the negative. The gentlemen present were—Drs. Hodges, H. J. Bigelow, Buckingham, Minot, Wellington, H. G. Clark, Cabot and Walcott.

Operation by Dr. Hodges, at 12.20, P.M., June 17th. A short incision was made below the umbilicus. An immediate escape of large quantities of the "jelly" above described followed. This was either free in the peritoneal cavity or escaped from a thin cyst ruptured at the time. A mass of small cysts, free of adhesions, and containing a similar jelly-like material, the size of a man's head, was found upon the right side, having a moderately long pedicle. This was transfixed by a double silk ligature, tied, and, when the tumor was removed, fastened between the lips of the wound, without any traction. The wound itself was brought together with the peritoneal surfaces of the two sides in apposition. There was a general peritonitis present of a subacute character. After the operation, the patient was placed in a clean bed in a comfortable position.

8, P.M.—Has vomited several times since recovery from ether ; dull pains in lower part of abdomen, like those of menstruation. Catheter drew off about a pint of urine, with relief. Takes ice freely. Pulse 80.

June 18th.—Vomited three times during the night ; slept some ; pain not severe ; abdomen distended. Bladder kept free with catheter. Tongue clean. Pulse quick and hard. Skin moist and soft ; no chilliness. Got arrowroot during the day, with carbonated water and ice ; thirsty. During the day the pulse increased in frequency and the skin became hot ; abdomen fuller, but not much tenderness ; œdema of legs less.

19th.—Pulse 120 ; respiration 40. Continual vomiting during the night ; continues to-day. Became faint when the head was raised. Got warm water to feet, which had become cold. 5, P.M.—Pulse frequent and feeble. Ligatures freed from the stitches around them, and found to be loose ; they were carefully removed. One pint or pint and a half of clear serum flowed from the abdomen. Continued to vomit and sink till 10, P.M., when she died.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 12, 1867.

SALE OF SO-CALLED AMERICAN MEDICAL DIPLOMAS IN EUROPE.

We have from time to time seen allusions in the English medical journals to the sale in England of medical degrees purporting to have been issued by American medical schools ; but it never occurred to us that the supposition that such documents were genuine, and worth anything more than the parchment they were written upon, could for a moment find credence among thinking men. But it seems we were mistaken, and so distinguished a member of the profession as Sir Dominic Corrigan, at the recent meeting of the British Medical Association, makes it the subject of very serious remark, and the text for an elaborate discussion of the proper course to be pursued by the General Medical Council towards all holders of diplomas issued by foreign universities. We find in the *Dublin Evening Post* of August 8th, a report of a portion of Dr. Corrigan's address ; and, in order that our readers may understand the full extent of the delusion under which our British brethren are laboring, we copy the following passage :—

> It is notorious that both in Germany and America there are universities

that sell their diplomas, just as they sell beer or Indian corn, to all who can afford to pay for them. Most of my hearers have probably seen the manifesto of the University of Erlangen, in which they stigmatize the statement I made to this effect, in the council, as "void of foundation in all its particulars," and my reply, both published in the journal of this Association of July 20th. In that reply I adduced instances of four German universities in which I showed proof by documentary evidence that they conferred degrees *in absentia*, and that so low were they held in estimation by their own country that the diplomas did not enable the holders to practise there. I have received other evidence since. A gentleman connected with the medical and literary press of London has placed a document in my hands, in which he certifies that an American agent called on him this present year with diplomas duly signed and sealed by one of the American colleges nine or ten years old, that he could have a supply fifteen years old if required, and that he had a variety in—stock price £20—and would allow a discount off as it was a matter of business. This gentleman is quite ready at any time to verify the memorandum, and to give his name. I have within the last week received letters from two members of the profession, one of them a president of one of our branch associations, in which he encloses to me a communication from an agent in Glasgow, in reply to a communication for the purchase of a foreign diploma; and I am sorry to say an M.D. of one of our universities. The letter is so characteristic that I shall make no apology for reading it at length:

"EWING PLACE, Glasgow, 24th July, 1867.

"DEAR SIR,—After having had the pleasure of your note of the 6th instant, I write you in direct course. I stated in terms of said letter that no university but that of the State of Pennsylvania gave degrees of 'medical doctor *in absentia*, the cost being £32 12s., and in full of all demands,' and delivered free. I also stated in terms of my said note that the University of Giepen [? Giessen], of Hesse Darmstadt, gave degrees of M.D. for £22 paid there, and £15 10s sterling paid here, and also in full of all demands. In either case I will cheerfully assist you or your friend in obtaining the object in view. As I have four new degrees to get at Pennsylvania next week, and other four at Giepen also, please send me £32 12s. for the Pennsylvania degree, or £15 10s. in part of the Giepen degree, and I will send all the requisites to you in course. I am, my dear Sir, truly yours, —— ——, M.D."

To give this epistle due dignity, there is inscribed on the envelope "on her Majesty's service." It is scarcely necessary to observe that I have in my possession the documents and the names.

Were it not for the currency which disparaging stories about everything American so readily find in Great Britain, we might be justified in feeling some astonishment that such a charge against one of our oldest medical institutions could be for a moment entertained by a gentleman of the intelligence of Dr. Corrigan. It does not seem, however, to have been received with any distrust by his audience, and at the conclusion of his remarks a vote of thanks "for his very able and valuable address" was proposed by Dr. Acland, seconded by Sir James Simpson and adopted. Wishing to give as authentic a denial to the charge which it contained, so far as the University of Pennsylvania was concerned, we wrote to the Dean of the Medical Faculty of that institution, stating the facts in the case, to which we have received the following reply:—

PHILADELPHIA, August 27, 1867.

DEAR SIR,—We are much indebted to you for your communication directing attention to the statement by Sir D. Corrigan with respect to the sale of American diplomas in Europe. As regards the University of Pennsylvania, irrespective of the nefarious character of the transaction, the issue of diplomas beyond those legally authorized is an impossibility. The Faculty of Medicine has no independent control over the degree of Doctor of Medicine. When the examinations have been made, a recommendation of the candidates who have passed is transmitted to the Provost, and by him submitted to the Board of Trustees, who issue their mandamus. Each diploma is signed, after it has been filled in with the name of the graduate for whom it is intended, by the entire Faculty, as well as by the Provost, Vice Provost and Secretary of the Board of Trustees, the latter officer attaching the seal of the institution. This seal is never out of his possession, and cannot be used except by order of the Board of Trustees, and by himself.

It should be noticed that the title of our school is "*The University of Pennsylvania*," of which the Medical Department is a portion. The words "State of Pennsylvania" are not a part of its designation.

I have been thus explicit in the reply to your letter, with the view of exhibiting the impossibility of any irregular trade in diplomas on the part of such an institution as the University of Pennsylvania. From the form of the diploma, a counterfeit would be very difficult.

With many thanks for your kindness, I am very truly, your ob't servant,

JOSEPH CARSON, *Acting Dean, U. P.*

We trust the University of Pennsylvania will stand fully acquitted in the eyes of our brethren across the sea of the gross charge of Sir D. Corrigan, so publicly made. We feel, however, that the charge was made with much too little consideration, and shows a want of true professional courtesy to the medical profession in America. At the present day no man has a right, in our opinion, to make the sweeping assertion that "it is notorious that in America there are universities that sell their diplomas to all who can afford to pay for them," without the most undoubted authority for the statement. In point of fact, it is just as untrue as it would be to say that the Royal College of Surgeons in London sells its diplomas openly in America. Impostors there are the whole world over, who never tire in their inventions to draw money from the pockets of the simple-minded and credulous. A fictitious medical diploma would seem to be a very transparent form of humbug, were it not that the facts in the present instance show the reverse to be true. We have many medical schools in the United States—too many by half; but the poorest of them has too much self-respect to countenance the practice of which one of the oldest, if not the very oldest, and one of the first reputation, stands accused by Dr. Corrigan. Great ignorance prevails, we are well aware, with regard to our medical schools on the other side of the water. It would be a good work on the part of the American Medical Association to transmit to the General Medical Council of Great Britain some information upon the subject, and supply them with a list of our medical schools, in order that their graduates, when visiting Europe, might be met with the courtesy which, so far as our experience goes, is uniformly extended to European physicians when visiting America.

Case of Albuminuria successfully treated with Perchloride of Iron. MESSRS. EDITORS,—June 8, 1867, I was called to see Mr. H., a tailor by trade. For some time previous, he had been suffering from "Bright's" disease of the kidneys. At this time he was confined to his bed, and his symptoms were very grave; such as coma, general anasarca, feeble pulse, loss of appetite, and the case presented well-marked indications of a speedy dissolution.

Upon making an examination of his urine, it was found to be scanty in quantity, of dark amber color, and by applying heat heavily loaded with albumen.

His treatment was then, like that adopted from the commencement of his disease, viz.: frequent administrations of elaterium, and other drastic cathartics, with some mild tonics.

Believing that the true treatment of albuminaria consists in the administration of those remedies which, by their action upon the blood, will change or perhaps even coagulate the albumen, and at the same time will invigorate the system, and thereby enable it to prevent the loss through the urine, of one of the most important constituents of the human economy, I suggested to the attending physician to give him the perchloride of iron in ten- to fifteen-drop doses every four to six hours, and simply keep the bowels open by the use of some mild cathartic. After taking this remedy for a few days the albumen began to lessen in the urine, the anasarca to subside, the patient to improve, and in the course of two or three weeks he was able to attend to the duties of his calling.

The patient, since his recovery, has informed me that the iron had not been administered over forty-eight hours before he felt a decided change for the better.

New Lebanon, N. Y. George P. Salmon, M.D.

The above case is a very interesting one, and adds one more to the repeated instances of the efficacy of iron in some of its forms in albuminuria and Bright's disease. We hope we shall be pardoned, however, for saying, that to call the case one of Bright's disease is not fully sustained by the evidence, although there is little doubt in our mind that such was its nature. Albuminuria, however, is not Bright's disease, although it is generally a prominent symptom of it. The microscope alone can determine the presence of the disorganization of the kidney which constitutes true Bright's disease. We make these remarks because of the too general practice among physicians to make this term synonymous with albuminuria. This, of course, always throws a doubt upon the diagnosis, which is greatly to be regretted in the case of a disease which originally was regarded as one of such very grave import, and the frequent curability of which it is so important to establish beyond dispute.

Albuminuria and Smallpox.—At the meeting of the Medico-Chirurgical Society of Bologna, held on the 16th of February, 1867, Professor Concato reported a number of cases of albuminuria in which the microscope gave indubitable evidence of the existence of a tubular nephritis. In each one of these cases the disappearance of the albumen coincided with the intercurrent development of variola, as if the eruption had acted as a cure of the albuminuria. For the purpose of verifying a fact so new and interesting, he had inoculated with smallpox virus a number of patients affected with albuminuria, with their consent, but without result. He called the attention of physicians to this subject, and suggested at least the trial of vaccination in these cases, to see if any effect was produced on the albuminuria.

Asylum for Convalescent Girls.—An asylum for the temporary residence of young female patients, discharged from hospital, was organized in France in 1859. It was designed especially for the patients of the hospital St. Eugenie. It is known as the asylum *Sainte-Hélène*, and is situated at *Epinay-sous-Sénart*, near Brunoy. It is placed in the midst of a large park, supplied with abundance of fresh water, and filled with flowers and verdure. The little patients who enter this retreat with tottering footsteps and bearing the marks of the disease for which they were admitted to the hospital, in this beautiful and healthy locality, under the fostering care of the good sisters in attendance, soon recover the vigor and bloom o health. More than 2,300 young girls have thus been restored to their friends ir full health since the establishment of this admirable charity. It is an exampl worthy to be followed elsewhere; and we know of no more pressing need in the vicinity of our large cities than the want of just such a retreat for hospital convalescents and incurables. Many a poor, overworked girl, too, who now finds no time for the recreation and rest which human nature demands, would find in some such institution just what she requires to renew her failing powers, and thus keep her from becoming an inmate of a hospital in the end. We wish some of our good people would turn their charitable thoughts in this direction; it is as yet an unoccupied field in this country. Such an institution would be an incalculable blessing.

Treatment of enlarged Cervical Glands by Injections of Iodine.—By a curious coincidence, in turning over the leaves of the London *Medical Times and Gazette* of July 27th, we find a case of hypertrophied cervical gland cured in a short time by injections of iodine into its substance, precisely as in Dr Mettauer's cases reported in this week's JOURNAL. The treatment is offered as something new by the reporter, Dr. C. H. Marston, of Devizes, Wilts. It will be seen that Dr. Mettauer's cases antedate it by some years.

Port Wine.—The *Medical Times and Gazette*, in a notice of an account of the wines of Portugal and Spain, written by Mr. Lytton, the British Secretary of Legation at Lisbon, quotes the following passage:

> "All port wine hitherto exported for the English market is largely mixed with brandy, *and is composed almost quite as much of elderberries as of grapes.* The way in which what in England is called port wine has hitherto been manufactured for the London market is this:—The Paiz de Vinhateiro abounds in elder-trees: the berries of these trees are dried in the sun, or in kilns. The wine is then thrown on them, and the berries are trodden till it is thoroughly saturated with the coloring matter of the berries. Brandy is then added in the proportion of from 3 to 16 gallons to every pipe of 115 gallons. This is the composition of all the port wine hitherto drunk in England. No pure wine—no wine not thus specially adulterated for the English taste—was allowed by the Government Committee of Tasters to pass the bar of the Douro for export to England before the year 1865. This system, by the law of that year, was abolished. The trade is now perfectly free, and there is therefore no reason why pure wines should not now be exported to England."

The editor well remarks:—"All this must be highly satisfactory to the English possessors of 'choice old port' of rare and celebrated vintages. The advertisement of an eminent wine merchant, who affirms, in recommendation of his 'superb 1860 vintage port wine,' that it has been exported 'without the usual addition of 18 per cent. of aguardiente or raw spirit, and entirely free from the liqueur called *geropiga*, of a splendid ruby color, soft and ripe for immediate drinking,' must also, as Dr. Druitt has observed, be very consolatory to people who had previously bought wine in the faith that port is not port without spirit and *geropiga*."

International Medical Congress.—The International Medical Congress was opened on the appointed day by M. Bouillaud. The grand amphitheatre was adorned with paintings and flags of all nations, and was entirely filled by members of the Congress. Having called upon the meeting to elect officers, M. Bouillaud was declared President by acclamation, and was requested to appoint the other officers of the Conference. M. Bouillaud thanked the assembly for the honor, and designated for vice presidents six foreigners and six natives of

France. Among the foreigners selected, as reported in the *Union Médicale*, were Virchow of Berlin, Palesciano of Naples, and Vleminckx of Brussels. Among the Frenchmen were Bérard, Dean of the Faculty of Montpellier, Teissier, Professor at Lyons, Gintrac, Director of the School of Bordeaux, and Ricord, Vice President of the Academy of Medicine. M. Jaccoud was elected Secretary-General, and MM. Brichetau, Beale, and H. Gintrac, of Bordeaux, were elected Secretaries of Sections.

In the programme of proceedings for Saturday, the 17th of August, we find the announcement of a paper by Prof. Brown-Séquard, under the title of "New Views with regard to the Signs of Cerebral Disease"; and in that for the 27th of August, a paper by Dr. Maxson, of New York, on "Shoulder Presentations"; these are all the contributions from Americans that we see announced.

Death of Velpeau.—Our friend, Dr. Francis H. Brown, of this city, in writing us from Paris concerning the death of Velpeau, which we have already announced, says:—

> Velpeau died on the 24th of August, passing quietly away, the harness still on his back. A day or two before his death he had been present at an operation at La Charité, and so laid down the instruments of his profession only in the last moments of his life. The funeral services were fully attended by medical and scientific men of every class.

Dr. Francis C. Ropes, of this city, has been appointed Surgeon to Out-patients at the Boston City Hospital.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, September 7th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	49	45	94
Ave. mortality of corresponding weeks for ten years, 1856—1866	51.7	52.9	104.6
Average corrected to increased population - - - - -	00	00	115.36
Deaths of persons above 90 - - - - - - - -	1	0	1

Communications Received.—Vaccinal Cicatrices and Re-vaccination.—A Group of five cases illustrating a peculiar Paralytic Affection of the Extremities, occurring at the City Hospital, Boston, in the winter of 1866-67.—On the Treatment of Permanent Urethral Stricture.—Anæsthesia; new Researches, Statistical and Chemical, confirming the duty to use Ether instead of Chloroform.—A paper on Dacrycistitis.

Books Received.—Chemistry. By William Thomas Brande, D.C.L., F.R.S.L., &c., and Alfred Swaine Taylor, M.D., F.R.S., &c. Second American Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.—The Physiology of Man; designed to represent the existing state of Physiological Science, as applied to the Functions of the Human Body. By Austin Flint, Jr., M.D., &c. New York: D. Appleton & Co. 1867.—Injuries of the Eye, Orbit, and Eyelids: their Immediate and Remote Effects. By George Lawson, F.R.C.S. Eng., &c. With numerous Illustrations. Philadelphia: Henry C. Lea. 1867.—The Tree of Life, or Human Degeneracy; its Nature and Remedy, as based on the Principles of Orthopathy. By Isaac Jennings, M.D. New York: Miller, Wood & Co. 1867.

Deaths in Boston for the week ending Saturday noon, September 7th, 94. Males, 49—Females, 45. Abscess, 1—accident, 3—inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 7—inflammation of the brain, 1—bronchitis, 1—cancer, 1—cholera infantum, 13—consumption, 13—convulsions, 1—croup, 1—diarrhœa, 7—dropsy, 1—dropsy of the brain, 1—drowned, 1—dysentery, 2—erysipelas, 1—bilious fever, 1—scarlet fever, 1—typhoid fever, 3—gastritis, 1—infantile disease, 7—inflammation, 1—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 1—cerebro-spinal meningitis, 1—old age, 2—pleurisy, 1—premature birth, 2—scrofula, 2—teething, 3—unknown, 6—whooping cough, 1.

Under 5 years of age, 53—between 5 and 20 years, 8—between 20 and 40 years, 12—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 74—Ireland, 10—other places, 10.

THE

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VACCINAL CICATRICES AND RE-VACCINATION.

By Joel Seaverns, M.D., Roxbury, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

I propose to show, by extracts from medical authors, that the profession generally believe that vaccine cicatrices have a distinctive character, and that the amount of protection which the system has acquired by vaccination against variola may be pretty correctly estimated by the appearance and number of the cicatrices remaining; and that it is the almost universal opinion of medical men "who know anything of smallpox" (transcendentalists or ultra-theorizers alone being excepted) that a "miserable, flat, white speck or two," which happen to be in the usual locality of vaccinal cicatrices, do not indicate that the system is protected.

If this be so, and this general medical belief be founded on observations and experiments, then it can hardly be considered courteous for any one, especially a leader of medical opinion, arbitrarily and without proof, to declare it wrong, and to assume that his belief and a record of twenty-six cases prove its fallacy.

Supported by Hebra,* whose views doubtless are the basis of the paper by Dr. Cotting, the latter apparently sets at naught all other writers, with their views or facts, some of which I will detail. What, then, is the character of the vaccinal cicatrix?

Condie† speaks of "a cicatrix of a form and size proportioned to the previous inflammation, and marked with radiations and indentations."

Watson‡ says, "the cicatrix which it leaves should be somewhat less than an inch broad, circular, slightly depressed, marked by radiating lines, and dotted with little pits."

Tweedie§ states that a perfect vaccinal scar should be of small size, circular, and marked with radiations and indentations."

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* Vol. xxx. New Sydenham Society. Diseases of the Skin, p. 21.
† Condie, "Diseases of Children," p. 506.
‡ Watson, "Principles and Practice of Physic," p. 984.
§ Tweedie, "System of Practical Medicine," vol. on Fevers, p. 408.

Copland[*] describes it as "a cicatrix which is permanent in after life, is circular, somewhat depressed, striated, and indented with six, eight, or ten minute pits."

Cazenave and Schedel[†] say, "a depressed, circular, and honeycomb-looking cicatrix remains, with several depressions at its base."

Wood[‡] says, "the surface of the scar is characterized by numerous little depressions."

Graily Hewitt[§] represents it as "usually circular, radiated, indented, and foveated, having a number of little pits on its surface, a well-defined edge, and generally of considerable size." "Defective scars are comparatively smooth, without indentation, without the little pittings; the edges are irregular and ill defined, and it is often very small."

Flint[||] says the "cicatrix, provided the vesicle have pursued a regular course, and subsequent ulceration have not occurred, is characteristic, presenting a series of depressions or pits," &c.

Aitken[¶] states that "good cicatrices are of circular form and pale or white appearance. They are somewhat depressed, and dotted, indented, or foveolated with minute pits or depressions over the base. In some instances there are radiations from the centre. The normal diameter, if produced by a single insertion, is one third of an inch. *Bad* cicatrices are generally all ill-defined, faint, scarcely discernible white patches, especially such as consist of large, flat, ill-defined, shiny marks. A distinct connection subsists between the number and quality of the cicatrices and the protection conferred by vaccination against smallpox; so that it may be confidently stated that that vaccination is the most efficient from which the best and the most cicatrices result."

But the most valuable testimony that we have seen on this point is by M. Denarp Decantaleu, in a "Monographie des Cicatrices de la Vaccine," published at Paris in 1851—a work of the most remarkable toil and industry, comprising the results of the careful examination, and impressions and modellings taken from 5412 vaccinal cicatrices, the distinctive characters of which he shows in a large lithographed plate. He shows that it is the united testimony of MM. Bousquet, Rayer, Hueson, Alibert, and in fact all writers on diseases of the skin, that "les cicatrices vaccinales legitimes ont une forme générale unique, c'est-à-dire, que toutes sont rondes, déprimées, profondes, parsemées de petits enfoncements qui les font paraître comme gaufrèes, et que les petites differences qui existent entre elles consistent seulement dans le l'empreinte plus ou moins marquée qu'elles produisent dans les teguments"; and that "les cicatrices illégitimes auxquelles les fausses vaccines donnent lieu, consistent en de simples tâches regulières ou irregulières, et moins étendues que les cicatrices vaccinales légitimes."

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[*] Copland. "Medical Dictionary," Art. Vaccination, § 13.

[†] Cazenave and Schedel. Diseases of the Skin. Am. Ed., p. 138.

[‡] Wood, "Practice of Medicine," vol. i. p. 407.

[§] Graily Hewitt. "Lecture on Vaccination," at St. Mary's Hospital. London Lancet, September, 1863.

[||] Austin Flint. "Principles and Practice of Medicine," p. 781.

[¶] Aitken. "Science and Practice of Medicine," vol. i. p. 296.

And although the monograph shows that each of the distinguishing marks of true vaccinal cicatrices may be modified—that they may be round or oval, above or below the level of the surrounding skin, punctated or honey-combed, with or without rays, from two to seven tenths of an inch in diameter, and more or less pale in color—yet it also shows that on one point pathologists are agreed; that as M. Broschet[*] has said, " Les cicatrices, quant à leurs formes, et à leur apparence exterieure, meritent d'étre studiées avec soin, car elles pouvent servir à réconnaitre les maladies dont le sujet a été affecté. Quel est le praticien qui confondra la cicatrice d'une brulure avec celle d'une solution de continuité par un instrument tranchant, la cicatrice d'un ulcère vénérien avec celle d'un ulcère scrofuleux ou cancereux? Ne sait-on pas que les cicatrices de la vaccine, de la variole, du furoncle . . . . ont des caractères faciles à saisir et à distinguer?"

It being shown that there is a general agreement among vaccinologists as to what constitutes a "good" vaccinal cicatrix, it remains to determine whether the difference between the good and the bad is one of appearance only, or is a true difference in the amount of protection afforded against variola. Fortunately, on this point too, there is abundant testimony. Mr. Granger,[†] in a paper read before the Royal Medical and Chirurgical Society, 1852, showed among other facts, that of 365 smallpox patients, who had been vaccinated and had cicatrices, ten per cent. died; of sixty-three vaccinated but without cicatrices, 39 per cent. died.

An epidemic of smallpox occurred at Jamaica in 1851, of which Dr. Seaton[‡] read an account before the Epidemiological Society. Amongst other facts given by him are the following, prepared by Dr. Bowerbank. Dr. B. attended 301 cases of smallpox, of whom 241 had never been vaccinated, and 18 per cent. died; 58 had been vaccinated, and 2 died; 2 had been inoculated, and 1 died. Of the 58 vaccinated, 34 had good cicatrices, 12 had imperfect cicatrices, and 12 had none.

Of the 34 with good cicatrices, 2 had confluent smallpox,
14 " discrete "
18 " modified "
Of the 12 with imperfect cicatrices, 0 had confluent smallpox,
11 " discrete "
1 " modified "
Of the 12 who had no cicatrices, 3 had confluent smallpox,
9 " discrete "
0 " modified "

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[*] Dictionnaire de Médecine en 18 vol. Tome v. p. 246.

[†] London Lancet, May, 1852.

[‡] Am. Jour. Med. Sci., October, 1855.

Graily Hewitt, in his lecture before quoted, gives the following remarkable facts noted by Mr. Marson. During sixteen years ending with 1851, 3094 vaccinated individuals were admitted into the smallpox hospital:—

There were 1357 persons with one cicatrix.
" " 888 " " two cicatrices.
" " 274 " " three "
" " 268 " " four "

			Mortality per ct.
Of those with one (1357) there were	good,	768	4.23
	indifferent,	589	11.95
" " two (888) " "	good,	608	2.68
	indifferent,	280	7.29
" " three (274) " "	good,	187	1.63
	indifferent,	87	2.32
" " four (268) " "	good,	202	0.99
	indifferent,	66	0.00

Of the vaccinated who had no cicatrices the mortality was 21.73 per cent.

Mr. Hewitt also informs us that Dr. Buchanan, in 1862, examined, in various schools, 15,041 children indiscriminately; 185 of these were scarred with smallpox, one in every 81; 12,860 out of the 15,000 had been vaccinated, and only 12 of these bore the marks of smallpox, and of these 12, 11 had "bad" cicatrices, showing inefficient or spurious vaccination.

A paper by D. Francis Condie was published in the *American Journal of the Medical Sciences* (April, 1865); he gives the result of the observations made by Mr. Simon during twenty-five years in nearly 6000 cases of smallpox after vaccination, viz.:—

Of the vaccinated who had no cicatrix, 22 per cent. died.
" " " one well-marked cicatrix, 4 pr. ct. died.
" " " two " " 3 pr. ct. died.
" " " " slightly developed cic. 7 pr. ct. died.
" " " three well-marked cicatrices, less than 2 per cent. died.
" " " four well-marked cicatrices, less than 1 per cent. died.

In 500 re-vaccinations carefully performed under Dr. Condie's care, 81 reputed to be vaccinated had no cicatrices; 76, small and imperfect ones, and 79 tolerably perfect ones, while 264 had well-defined, perfect scars. Only ten had more than one well-defined cicatrix. Of the 81 first, vaccination succeeded fully in all; of the 76 second, vaccination succeeded fully in 34, and imperfectly in 42. Vaccination of the 79 third was followed by a vesicle more or less imperfect, and a faint, small, irregular areola. In the remaining cases vaccination produced, in a day or two, some inflammation, a slight circumscribed papular elevation, the whole drying, by the tenth or twelfth day, into a small, thin, yellow scab.

We claim, then, that the difference between a good vaccinal cicatrix and a bad one is one of the well-established points in medical science; that vaccination, well performed, leaves behind it, even after the lapse of years, something more than "miserable, flat, white specks," and that no medical man, looking at these imperfect cicatrices, can consider them any evidence that the patient is protected against smallpox. A perfect, round, umbilicated vaccine vesicle does not pass through its various stages to resolution and leave its base marked only by flat, white specks. The question is not alone of the size of the scar, as the learned writer intimates, but of its characteristic appearance. It is not whether a sufficient amount of suppurative inflammation have taken place, or a proper degree of the cutis destroyed, but whether the vaccine disease have been taken and allowed to pass through its regular course. The only means by which a physician can judge of the perfection of a vaccination whose progress he has not watched, is the appearance of its scars. The absolute susceptibility of the person to variola is not under examination, only his susceptibility as affected by his vaccination; and if that be imperfect or spurious, his susceptibility to take variola has not been destroyed; and laying aside any natural insusceptibility to the disease, as not being under discussion, the legitimate conclusion of the experienced physician is, that when the cicatrix is imperfect the vaccination was imperfect, and the protection from contagion equally imperfect.

Re-vaccination has been much studied and discussed, but its necessity depends on two very simple questions, which seem now settled.

First, have we any other absolute way of judging of the amount of protection conferred by the primary vaccination? On this point I need quote only Dr. Cotting, who says that re-vaccination is desirable to ascertain the amount of susceptibility remaining after first trial.

Second, have we any reason to fear that the protective influence of vaccination wears away in time? To induce us to urge the custom of re-vaccination, it is not necessary that we should prove, *nemine contradicente*, that protection by vaccination is but temporary; we need only show that there is good reason to *fear* that such is the case—only to prove that there is "probable cause" to believe it: for the operations of vaccination and re-vaccination are so simple and trivial as a rule, that no one need fear to avail himself of their advantages if there be the least reason for so doing. The statement that "disasters from this source are frequent and damaging," that "severe illness is often thus produced," and "a fatal termination occasionally the result of it"; and that "possibly there have been as many deaths from repeated vaccinations as from varioloid after first vaccinations," needs proof. "Les vaccinophobes," as Trousseau calls them, could hardly go further.

It is true, as Dr. Graily Hewitt[*] says, "The wound inflicted by vaccination is, like other wounds, liable to be affected by injurious conditions of the surrounding atmosphere. Pyæmia may follow the use of bad lymph; erysipelas has in rare instances been observed. Ordinary care is sufficient to prevent such evils." The case quoted by Dr. Cotting, at the top of page 72, was in all probability such an one; and until that gentleman brings forward tables of cases and lists of mortality occurring in his *own* practice, or that of some other careful vaccinator, who does not use bad lymph or neglect to use ordinary care, it will be unnecessary to devote more than a passing word to this fear.

So little importance is attached to the operation by those who have re-vaccinated many, that it is difficult to find any allusions to it, except in the most incidental manner. Dr. Charles Hogg,[†] after giving tables of some hundreds of cases, states that during thirty years' practice he has met with "only two cases that have created anything like anxiety," and these recovered in a few days by rest and a cooling lotion.

Trousseau[‡] gives the statement of M. Gintrac, an extensive re-vaccinator, that, "les re-vaccinations pratiquées dans le foyer épidémique contrairement aux craintes exprimées par quelques médecins, se sont montrées d'une complète innocuité."

M. Laure,[§] a surgeon of the French Navy, in giving the results of re-vaccination as ordered in that service, says that "the local phenomena in re-vaccination are not remarkable, provided the men on whom true or false pustules appear are exempted from any duty on the fifth day. The constitutional effects are unimportant."

In the autumn of 1864, two cases of smallpox occurring in the garrison where I was stationed, I vaccinated all the troops and many of the prisoners there, several hundreds in all. In almost all more or less specific local inflammation followed, but in none was this of a serious character. A few were excused for some days from mounting guard or going through with the manual of arms; not one required admission to the hospital. No other case of smallpox followed.

But, passing by these supposed dangers, let us return to the question, "Is there any reason to fear that the protective effect of primary vaccination *may* wear away?" Of this there can be no doubt, if we attach any value to the testimony of many observers, who have carefully collected and published the results of experiments. We should naturally expect this to be case from the analogy of other diseases. If varicella, measles and all other exanthemata sometimes recur, why not vaccinia? Hebra[‖] says that measles may occur more than once in the same person, and that smallpox may also; *a*

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[*] London Lancet, September, 1853.

[†] Ibid, September, 1863.

[‡] Clinique Médicale, vol. i. p. 120.

[§] London Lancet, June, 1859.

[‖] Diseases of the Skin (New Sydenham Society, vol. xxx.), p. 184.

fortiori, then, should he expect vaccinia to do so, which is, he says, identical with variola, but modified and made milder by passing through the cow.

At any rate we should have judged that any one was precluded from denying it, who acknowledges the fact of measles occurring twice in six weeks. If medical testimony in this case (as in that of the contagiousness of cholera) has not given overwhelming proof, it is certainly much safer, in view of all possible contingencies, to *act* as if it had.

We quote a few from the authorities with which one might fill volumes on this subject. Dr. Horatio Adams, of Waltham, in his discourse* before the Massachusetts Medical Society (1858), quoted by Dr. C., says:—"In order that we may be sure that the susceptibility (to receive smallpox) is extinguished, vaccination should be repeated as long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind or a diseased diathesis existed. It would be well always to re-vaccinate all who may at any time be directly exposed to smallpox."

Dr. Gregory,† in a paper read before the Royal Medical and Chirurgical Society, states that the records of the Smallpox Hospital in London show that "in eleven years, 4092 persons having smallpox have been admitted, of whom 2168 had been vaccinated. The majority were of adult age, a few between nine and fifteen, but below nine scarcely any vaccinated person was admitted—making it appear that the susceptibility to the variolous miasm among vaccinated persons increases as life advances."

M. Laure‡ arrived at the following among other conclusions:—The practice of re-vaccination is not, as might be supposed, useless; it is, on the contrary, a very important hygienic measure, the execution of which should be carefully watched. People who have had the smallpox should be re-vaccinated as well as those who have been subject to the cowpox inoculation.

In re-vaccinations made at the prisons in Belgium in 1859, as reported to the Academy of Medicine at Brussels by M. Vleminx,§ it seems that of 1660 subjects, 16 per cent. were successful; that M. V. found that re-vaccination succeeded better the more distant the time of the operation was from the original vaccination, or from an attack of smallpox.

Dr. Charles Hogg‖ shows by tables from Dr. Commenge, of Paris, that from ten years old and upward re-vaccination is important and necessary; that, generally speaking, the effect of the first vaccination is lost after the twenty-fifth year, in many people after the fifteenth, and that, in fact, all persons, not excepting those who have had smallpox, should be re-vaccinated.

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* Medical Communications of the Massachusetts Medical Society, 1858, p. 253.

† London Lancet, May, 1852.

‡ Ibid, June, 1859.

§ Ibid, January, 1859.

‖ Ibid, September, 1863.

Graily Hewitt, before quoted, says:—"It would appear that, after the lapse of a certain number of years, the protective power of vaccination has a tendency, more marked in some individuals than in others, to wear out, and a resusceptibility to smallpox arises. The impression has been for several years past gaining ground that re-vaccination is proper and even necessary once or more in the life of an individual. Mr. Marson states that during seventeen years not a single servant or nurse belonging to the smallpox hospital has taken smallpox, and the universal custom has been to re-vaccinate the servants, nurses and attendants in or about the hospital on entering on their employment at this institution."

"Re-vaccination should be performed at the age of puberty, and perhaps again at the age of twenty-five or thirty, and it is desirable to re-vaccinate at other ages than these during epidemics of smallpox, and especially in the case of individuals likely to come into contact with smallpox patients."

Dr. Condie says:—"In view of the many accidents that may render vaccination unsuccessful or only partially successful, the propriety, if not the absolute necessity, of re-vaccination demands the earnest consideration of every practitioner. The examination of a very extended series of well-authenticated statistics has convinced me that in many cases the protection of primary vaccination is but temporary, and can be rendered permanent only by a second, or in some instances by repeated re-vaccinations, and that in all cases without exception vaccination should be repeated after a proper interval, to insure the complete infection of the system—to endue it with the due amount of protection against the variolous poison.

Tweedie, in his work on Eruptive Fevers,* declares it "impossible to conceal the apparent conclusion that time lessens the power of resistance to the variolous germ."

Austin Flint† expresses himself on this point thus:—"The protective influence of vaccination diminishes after the lapse of a certain number of years. With our present knowledge, the propriety if not the importance of re-vaccinating every five years is to be advocated. Re-vaccination, in fact, is always proper as the readiest and safest test of unsusceptibility to smallpox."

William Aitken‡ announces that "from the evidence contained in the bills of mortality of 1825, from the experience of epidemics of smallpox in France and Italy in 1826, 1827 and 1829, from the experience of the epidemics of smallpox in Ceylon in 1833 and 1834, and from the admissions into the London Smallpox Hospital in 1838, it has been rendered obvious that the susceptibility to smallpox, which in vaccinated persons is destroyed for some years, returns with advancing life, and becomes greater as life advances."

Farther on,§ he speaks of re-vaccination as "a most necessary supplemental measure to vaccination. A large reduction in mortality and in the occurrence of smallpox can be shown to have taken place from the practice of *re*-vaccination so as to leave no doubt of its practical efficacy." "In 1833, between 40,000 and 50,000 adults were *re-vaccinated* in the Prussian army, and in about 33 per cent. of the number it took with perfect success. Amongst Russian soldiers at Kasan the rate of perfect success was about 18 per cent. In the army of Denmark, from 1843 to 1847, nearly 20,000 *re*-vaccinations were practised, of which more than a half were attended with *perfect* success, and more than a quarter with *modified* success. Since 1843, re-vaccination has been compulsory in the Bavarian army. From that date till 1857, not even a single case of unmodified smallpox has occurred, nor a single death from smallpox. Similar good results have followed the institution of re-vaccination in the Danish army, the army of Sweden, of Baden, and in the British army also." In the latter a departmental order was issued in 1858, and is still in force, that every recruit on joining the headquarters or depot of the corps or regiment to which he belongs, shall be vaccinated, even if he have marks of smallpox or previous vaccination.

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* System of Pract. Med., vol. iv. p. 408.

† Princ. and Pract. of Med., p. 782.

‡ Sci. and Pract. of Med., vol. i. p. 288.

§ P. 289, op. cit.

Trousseau* confirms our view thus:—"En definitive, le vaccin tel qu'il est aujourd-hui, ne procurant plus, chez bien des individus, qu' une immunité temporaire au lieu de l'immunité absolue qu'il semblait avoir au commencement de ce siècle, il est nécessaire de récourir à une pratique depuis long-temps preconisée, celle des re-vaccinations."

To show its benefits, he quotes extracts from a paper in the *Gazette des Hôpitaux*, July 11, 1867, narrating the rise and progress of an epidemic of variola in a commune of France, and the different degrees of its severity among the vaccinated show that the gravity of the cases was in direct proportion to the length of time which had elapsed since their vaccination, and concludes with the following:—"La re-vaccination, pratiquée d'une manière générale en pleine épidemic, en a arrêtée d'emblée les ravages, et éteint le développment: elle a préservé indubitablement, et ceux-là même qui se trouvaient deja sous l'influence d'une incubation variolique ont paru jouir d'un certain degré d'immunité."

He finds that of 44,000 re-vaccinations, 20,000 succeeded perfectly (nearly half), 9000 imperfectly, and 15,000 produced only a temporary local redness of the skin, lasting from twenty-four to thirty-six hours. "Me fondant," says the distinguished lecturer, "sur les faits que j'ai signalés, je conseille généralement de re-vacciner autant que possible tous les cinq ans. Si cette practice est inutile, quels inconvénients presente t'elle?"

Having thus made it clear that the opinion prevails strongly among the profession that the protective influence of vaccinia *is* or at least *may* be impaired by time, and that in view of this every physician should (in accordance with his professional duty to arrest the progress of disease) proffer and if necessary urge re-vaccination, especially after exposure to variola, we have but a few additional words to say with regard to Dr. Cotting's cases and comments.

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* Clinique Médicale, vol. i. p. 117 et seq.

His table shows, if a table of twenty-six cases can be said to show anything, where tables of thousands of cases can be readily referred to, that almost all persons, who have been vaccinated but once, are liable to take modified smallpox—that those re-vaccinated do not. It proves nothing with regard to the value of distinctive cicatrices, since the writer's belief on the subject prevented him from noting the distinguishing marks of the cicatrices, taking account of their size only. It shows that he allowed six patients in one family, two in a second, and seven in a third, to take variola from a first case, without using any exertion to prevent it, and it is not wonderful under those circumstances that he should be a little sensitive with regard to "denunciation." It is true that "re-vaccination was declined" by these unfortunates, but it can hardly be supposed to have been urged upon them by one who holds it in such dread.

It is all very well for the parties concerned to be now "abundantly satisfied with the result," and for their physician to congratulate himself on the trivial character of the sickness he did nothing to stamp out; but one fact should not go unnoticed, which is that each of these patients constituted a *foyer* for infection for the neighbors about and the community in general, and that each of them, though suffering but little and having but half a dozen pustules, may have been the direct cause of cases of confluent smallpox; so that "it is possible" that more deaths may have been the ultimate result of this *laissez faire* treatment that would have followed even from re-vaccination.

Re-vaccination, then, is important, not only "to ascertain the amount of susceptibility remaining after first trial," but also to give additional protection to those persons whose original vaccinia may have been annulled by time, or at least to obviate the danger that it *may* have been thus destroyed, and that we may leave nothing undone to lessen the liability to variolous disease. "Ne doit-on pas," says Trousseau, "chercher à multiplier les chances d'immunité contre la variole, et même contre la varioloide, qui, toute bénigne qu'elle soit, dans la majeure partie des cas, n'en pas moins grave exceptionellement, ainsi que j'ai eu soin de le dire, en faisant son histoire?"

THE HYGRODEIK AND THE PROPER MEANS OF HYDRATING OUR HOUSES AND HALLS OF ASSEMBLY.

[Report to the Suffolk District Medical Society.—Concluded from page 127.]

During cold weather, when a room is heated by a stove or a hot-air furnace, many persons experience a painful sensation in the chest, produced by the excessive dryness of the air, consequent upon raising that possessing only the amount of moisture due to thirty-two degrees, to the temperature of seventy degrees. This unpleasant feeling, which is often confounded with too great heat, is frequently relieved by placing a vessel of water *upon the stove or in the furnace*, but it is rare that the quantity thus evaporated is sufficient to give the necessary moisture.

Before we proceed to the methods to be used to obtain sufficient moisture, we will merely state that evaporation produces electricity. At sunrise the atmospheric electricity is feeble, but increases during the forenoon, as the vapors collect in the lower regions of the atmosphere. About noon the tension attains its maximum, when the air contains the greatest amount of vapor. Immediately after reaching the maximum, the electricity diminishes at first rapidly, then more slowly. As this proceeds the visible vapor disappears, and the atmosphere becomes clear. At two o'clock in the afternoon, the atmospheric electricity is scarcely stronger than at sunrise; it continues to diminish till two hours before sunset, about which time it begins to advance and attain a second maximum an hour and a half or two hours after sunset. During this time vapors have formed low in the air, and the night-dew has fallen. There is a manifest connection, in time at least, between the presence of vapor and the development of electricity. That there is a connection between our feelings and the state of the atmosphere we cannot doubt. When the air is clear and electricity rapidly developed, we are especially comfortable.

The required moisture may be obtained by direct evaporation, and by water thrown in spray from a delicately constructed tube with minute apertures, or by the well-known atomizing tubes.

In ventilating the House of Commons when it was crowded, the air furnished was exposed to 5,000 feet of evaporating surface, and subsequently made to flow through jets of water.—(Dr. Reid.)

In the testimony given in Washington by Dr. Antisell, it was stated that sprays of water at the ordinary temperature, or slightly increased, thrown at right angles to the currents of air, would be the most effective. If thrown directly against the current, it would too much impede its force and require too great power to overcome it. Passing at right angles is the natural mode by which the air is moistened. Many a shower falls above which never reaches the ground, thus showing that sprays of water are absorbed by the air.

For many years a vague idea has passed through the public mind, that every stove and furnace requires a vessel containing a certain amount of water. If this was used with its pitcher full of water daily, every thing was well and the world satisfied. We now know that something more than a ewer full is requisite to bring our houses into a daily normal state of temperature, and that none of the popular methods of supply of water are sufficient. Many people think, and undoubtedly correctly, that their houses are pleasanter owing to the use of vessels supposed to be porous or otherwise, which are swung in the flues just under the registers opening into the entries and rooms. These vessels are to a certain extent of use, for they do furnish moisture, but to a minimum amount only. At the distance at which they are situated from the heated surface, they cannot be supplied with air at its most expanded state. During its passage from the radiator to the water-jar, a distance of eight to twenty feet, it to a certain extent cools, and to an equal extent loses its capacity for taking up moisture. These jars again, if of a size to expose any amount of surface to the water, must of necessity block up the passage of the flue, check the rapidity of ascent of heated air, and drive it back. They catch the dust and dirt of the register, and require frequent cleaning, or their porosity is impaired. The inconvenience of filling them daily, and several in each house, requires only this mention.

The Committee have examined most of the furnaces offered to the trade in this city. They find them all in a greater or less degree inadequately furnished with means of hydration. The majority of makers are contented with a small vessel either narrow and deep, or better square, of varying size according to the magnitude of the furnace, holding from two quarts to two gallons, attached to the lower portion of the radiating surface of furnace, or propped with one of its sides against the fire-pot. In this position the vessel is exposed to the cold air as it rushes in, but only to a very small percentage of the heated air. According to some of our furnace makers, a large furnace with a two quart vessel will have all the moisture furnished to the heated air that is requisite for twenty-four hours.

Other makers have more wisely placed the hydrating vessel on the top of the radiator, in the upper part of the air chamber. Though they have selected the right place, their vessels are too small, and will not answer the purpose required. This place is assuredly the most fitting for the location of the vessel holding water. The top of the radiator offers a considerable extent of surface of heated iron on which a large shallow pan can be placed. The bottom of the pan being readily affected by the transmitted heat, the water it contains will be expanded and be enabled more readily to pass into the heated air. The air in this portion of the furnace having passed over all the radiating surface is in its most expanded state, most ready and eager to take up moisture, and more heated air of course in this, the top of the furnace, must come in contact with the exposed water than in any other position.

A number of arrangements for adding moisture to the heated air in furnaces have been presented to the Committee, and they offer the following rough sketches of the apparatus. Plan No. 2 consists of a hollow belt or band placed in the furnace supported by the fire-pot. This is fed with water by a reservoir on outside of furnace, regulated with a ball cock. The belt is provided with a safety valve. A tube passes from this belt through the top of furnace, and in the hot air chamber divides into as many atomizing points as there are flues. Instead of one tube, any number of tubes equalling the number of flues may pass up together, each one terminating in the atomizing point. Around this tube or series of tubes, in the air chamber, is a pan supplied with water by another external reservoir with ball cock regulator; from it the requisite number of atomizing branches spring, meeting the tips of the main tube or tubes. These are so placed that the spray is thrown directly into each flue.

Plan 3 consists of a cast iron box made in the form of steps, extending from the pot up to the top of the furnace. The water supplied by an external reservoir drops from step to step until vaporized, the amount furnished being regulated by a screw, the steps affording a greater amount of evaporating surface. The vapor escapes from a tube at the top of the opening into the hot air chamber; at the bottom of the box is an escape pipe for any overflow of water. This was planned by Mr. Lowe, the maker of the Hygrodeik; has been in constant use during the past winter in the stove which heats his work room in this city, and has given entire satisfaction. An atomizer can be readily made to be used with this apparatus, thus throwing spray into the flues themselves.

There are many and serious objections to these atomizing apparatus. The expense will be large—the arrangement complicated. The furnace is tapped in three (3) places in one method, in two (2) in the others. There is great chance for an escape of gas, as the furnace and tubing will expand unequally. The tubes and atomizing points will readily become clogged or get out of working order, and not the least is the liability of an explosion.

Plan 1 consists of a furnace whose radiator is made with a flattened dome top; on it rests a very large but shallow pan, of iron or other metal galvanized or lined with porcelain, enamelled; an earthen pan may be used, but is objectionable from its fragility; pans so prepared will not cause smell. This pan may be fed from an external reservoir with ball cock regulator. The tubing connecting the evaporating pan and this reservoir has a shut-off which may prevent all flow of water. That this arrangement should furnish sufficient moisture seems certainly reasonable, even if it had not been tried. The Committee know of a similar arrangement, where, however, the amount of water let on was not controlled by any shut-off, which has been used in a large, well-built country house, occupied by a gentleman well known to the Society of Natural History of this city. He introduced this arrangement to his furnace; the moisture supply was so great that he gave it up, thinking that it made his house uncomfortably humid. One large room in which his cabinets were placed, had been closed for some days during very cold winter weather. Having work to do with his collection, he opened the register leading into this room, and immediately found that part of it occupied by a good sized snow-storm. Thinking if the room was left, everything soon would be satisfactory, the door was closed; returning in a short time he was disagreebly surprised to find cabinets, walls, wainscot and carpet covered with quite a deposit of ice. He was thoroughly convinced of the hydrating powers of the furnace.

This arrangement seems the best for many reasons: it is entirely outside of and unconnected with the radiator, is perfectly safe, very easily managed, not liable to get out of order, no gas can escape from its use, nor is its expense great. The controller in the tube will prevent any excess of moisture. It may be simplified by placing the ball and cock in the pan itself, if it is made sufficiently deep; in this case the controller will be in the feed pipe. This controller may be under the care of the person who has the charge of the furnace fire. Or the following ingenious arrangement, planned by Mr. Farmer, of this city, will be very useful in large public buildings, or even in private houses.

Mr. Farmer says, "You are well aware that in a thermo-electric battery, the force of the current excited depends upon the difference of temperature maintained between the two opposite ends of the pairs, and that by the aggregation of many pairs, electric effects of any desired amount may be attained.

The ordinary application of a wet cloth to one end of the thermo-battery serves by the evaporation of the water to maintain a difference of temperature between the two ends, and this difference of temperature will be the greater, the less the amount of moisture in the atmosphere at any given time. Now as it is desirable that the actual temperature of a living room be maintained at a tolerably constant degree, it is clear that if this be done any perceptible diminution of the usual amount of moisture will be attended with increased evaporation, causing lowering of temperature at the moist end of the thermo-battery, and of course increased electric activity, which may be caused to open a supply of moisture to the evaporator, which will continue until the usual normal amount of moisture is restored, when the supply will cease.

By this means a constant equable supply of moisture might be furnished, and be under a self-regulating arrangement.

It is a matter of great importance that any plans taken to increase the means of hydration should be such that they may readily be adapted to the furnaces now in use in our houses. We think the plan No. 1 may be very easily adapted to all furnaces, whether portable or not. In all the portable furnaces the upper part of the casing which forms the hot air chamber, may be increased in height, if there is not sufficient space already for the evaporating pan. The pan may then be introduced; the expense cannot be very great, nor the change one of great labor. In furnaces surrounded with brick, some of the courses of brick may be tapped, a pan introduced, the opening again bricked up, leaving merely the passage for the feeding tube, and the required change is complete. This certainly may be considered as feasible as it is simple.

A diagram has been furnished the Committee representing a section of a furnace imagined by Dr. J. McLean Hayward, which presents certain novelties.

The hot air chamber is in the interior of the furnace, instead of being on the outside of a radiator. He makes it, as seen, to consist of a large globe opening into a domed box of zinc. Air enters the globe cold from outside by the air box. This heated by the fire below and rising, causes the propeller at neck of globe to revolve; the propeller turns a perforated shaft, ending in arms whose extremities are pierced with minute openings; the upper end of shaft connects with a spreading funnel receiving water from a feed pipe. As the fire grows more intense, the air in globe, heated and rising more rapidly, causes the propeller to revolve with increased speed; the arms are driven round, and throw out water in fine minute spray, filling upper part of air chamber, and readily carried on with the heated air in the flues.

Bibliographical Notices.

Idiocy and its Treatment by the Physiological Method. By EDWARD SEGUIN, M.D. New York: William Wood & Co.

THIS book we have found very complete, instructive, and interesting. Its author being a native of France, some Gallicisms have crept into the text, but not to the extent of obscuring the meaning.

The preface begins with the remark that "twenty years have passed away since the publication of any treatise on the treatment of idiots." But, a foot-note qualifies this statement by saying, that while the work was going through the press, the treatises of Drs. Down, Duncan, and Willard, made their appearance.

An "introduction" traces "the origin of the methodical treatment of idiots and their congeners," and presents "the philosophical history of the idea of training the functions, and all the faculties as functions (instead of only instructing children), from its germination to its maturation in the school for idiots, and to its actual fitness for the training of all children."

The body of the work is divided into five "parts." The first part is devoted to a description of idiocy, which the author defines as "a specific infirmity of the cranio-spinal axis, produced by deficiency of nutrition in utero and in neo-nati." The definitions, he says, are numerous, but his own, "if objectionable, will be found at least to correspond to a plan of treatment, both supporting each other; and may suffice until a better definition and a better treatment can be devised."

Part II. describes a system of physiological education, beginning with that of the physical functions; then treating of the teaching of speech; and finally setting forth a mode of training the more purely intellectual operations. Part III. deals with the Moral Treatment, at the foundation of which is the acquiring of authority. Part IV. describes what a public institution for idiots should be, its construction, arrangement, internal economy. Part V. consists of an Appendix.

Twenty-fifth Annual Report of the New Hampshire Asylum for the Insane at Concord, June, 1867.

This asylum is managed by a Board of Visitors reporting yearly to the Honorable Senate and House of Representatives, a Board of Trustees reporting to the same body, and a Superintendent reporting to the Trustees.

In May the Board of Visitors made a careful examination of the asylum, and report a highly satisfactory state of affairs, both in doors and out. The patients are made as comfortable as their several conditions will admit, and the institution is ably and economically managed. The Legislature directs the application of the appropriation for indigent patients, and the income from the gift of the late Moody Kent, Esq., amounting to some nine thousand dollars a year, is, in part, devoted to the same object.

The Trustees report the new cottage, designed for the accommodation of the more excited women, in process of erection, with the prospect of occupancy at the close of the present year. When completed it will add thirty-three new rooms, and obviate many serious inconveniences which have been for a long time experienced.

The decease, during the past year, of the Hon. Charles H. Peaslee and the Hon. John Preston, devoted members of the Board of Trustees for many years, *both* active and influential in the affairs of the asylum—the former from the beginning and the latter since 1856—is appropriately mentioned.

From the report of the Superintendent, Dr. J. P. Bancroft, we learn that the number of patients in the asylum May 1, 1866, was 236—111 males and 125 females. There were admitted during the year 117—63 males and 54 females. The removals of all descriptions were 107—45 of each sex being discharged, and 17—7 males and 10 females—having died; leaving in the asylum May 1st, 1867, 246—122 males and 124 females.

Of those discharged, 39—18 males and 21 females—had recovered; 24—13 males and 11 females—were more or less improved, and 27—14 males and 13 females—were not improved. Eleven of those "improved" were fit for regular and responsible employment. Of those called "unimproved," fifteen were taken to other residences, either private or almshouses, to diminish the expense of support. Some, in whom there was little expectation of improvement, were taken to their homes in such condition they could be cared for by their friends.

The immediate causes of death in the seventeen who died were: exhaustion, from acute mania, three; from long-continued mania, four; chronic abscess, structural disease of the brain, general paralysis, marasmus, pulmonary consumption, pneumonia and epilepsy, each one; the decay of old age, two; and suicide by hanging, one.

With a larger number of patients in the house than ever before, the mortality has been less than for several years. No serious sickness has prevailed. The high standard of health is attributed, in part, to the general healthy state of the neighborhood, but more to the increased amount of time devoted to out-door exercise and amusements.

The Doctor remarks, "that each year does something to remove the false and superstitious fancies formerly entertained in regard to insanity, and to place *this disease* in the same relation as others, to scientific examination and remedies. The peculiarity of the remedial measures is in this, that while the medical treatment (which is not peculiar) is in progress, a combination of influences, not necessary in ordinary diseases, is called for, to put the disturbed mind in an attitude most favorable to relief. To inaugurate and support these influences, is the distinguishing work of an asylum." "Healthful, varied and pleasant occupation, riding, boating, labor on the farm, and walking in the grounds and surrounding country for out-door exercise; while in-doors, cue alleys and bagatelle tables, social entertainments, lectures, concerts, dancing, charades, tableaux, and rhetorical and dramatical exhibitions, prove beneficial stimulants to the mental powers of the convalescent, and real tonics to many minds long in a state of apparent chronic torpor." "To suppose that the felicitous expression of thought and feeling, eloquence, wit, music, beauty, or whatever interests, instructs or pleases the mind in health, would be wasted on the population of an asylum for the insane, is simply to be ignorant of facts." C. K. B.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

AUG. 26TH.—*Case in which Abortion was artificially induced, on account of excessive Nausea and Vomiting of Pregnancy.*—Dr. MINOT reported the case.

The patient is a married lady, 35 years old, in good health previously to her present illness, rather stout, and of a nervous temperament. She has two children, the youngest about three years old. During her second pregnancy she suffered for a short time from excessive nausea and vomiting, which were relieved, apparently, by the application of morphia to a blistered surface, after other means had failed. She became pregnant for the third time about the middle of April last, and in a few weeks began to have much nausea and vomiting. By the end of May the latter became uncontrollable; scarcely anything was retained on the stomach, and she could only be nourished by enemata of beef tea, which were given about once in four hours. The patient became much emaciated, so that her rings dropped from her fingers. She was very despondent. The pulse was very rapid, and after five weeks of incessant vomiting, the exhaustion was so great that it was feared she might sink unless abortion was induced. Dr. Putnam, who saw the patient in consultation, coincided in this opinion, and a sponge tent was introduced into the cervix uteri, July 7th, another on the 8th, and a third on the 9th. About midnight of the 10th labor came on, and the ovum was expelled at 7, A.M. The vomiting then ceased, but the patient remained in a state of much prostration, with inability to sleep for several days, from which she slowly recovered, and is now convalescent, though by no means well.

The following remedies were employed in this case: externally morphia was applied on a blistered surface, over the stomach;—this gave no relief. Sinapisms and chloroform were also applied, with very little benefit. Ice to the spine, and also to the epigastrium, in Chapman's ice bags, gave some relief for a time, but the patient soon got tired of it. A strong ethereal tincture of iodine (two drachms to the ounce) was freely painted over the os and cervix uteri and upper part of the vagina, on three occasions, but no essential relief followed. The solid nitrate of silver was also applied to the os and within the cervix, with like result. As the patient had suffered from leucorrhœa since the beginning of pregnancy, much was hoped from these applications, although no disease was visible about the os or cervix. The internal remedies were chloroform, which for a time was of some use; bromide of potassium, iced drinks, brandy, champagne, cold tea, &c. But the subcutaneous-injection of morphine gave very great temporary relief, and enabled the patient to sleep several hours at night. Dr. M. thought that without it she could hardly have lived. Large doses were required, upwards of three grains being sometimes given in twenty-four hours, and it was continued for several weeks without interruption.

Dr. M. remarked that out of several cases of severe and obstinate vomiting of pregnancy which he had seen, this was the first in which he had felt compelled to bring on abortion in order to save the patient's life.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 19, 1867.

MARRIAGE IN AMERICA.

THE subject of Marriage in America has been treated of in a book by M. Carlier, of Paris, who has found an excellent translator in our *confrère,* Dr. B. Joy Jeffries. It is not our purpose to give a bibliographical notice here, except incidentally, but to consider some of the topics discussed in the monograph. If it be asked what place the subject has in a medical journal, we reply, that there are some points connected with it to which public attention needs to be directed, and upon which public opinion requires to be enlightened; and that our profession is as much concerned in summoning the one and forming the other, as any class in the community. But, there is a more weighty reason. In our daily walks it comes in our way to be cognizant of the matter more frequently and more familiarly than falls to the lot of any other calling. It is for us to ascertain and advise as to the marriageable age, and it belongs to us most especially to know many of the secret difficulties, errors and evils appertaining to the married state. In Protestant society we are the repositories of family secrets, far more than are the clerical counsellors. Furthermore, the discussion of the social evil, so called *par excellence,* and of the poisoning of health, which flows from it in so many foul streams, has been left chiefly in our hands. And we are satisfied that no radical or permanently effectual measures can be devised to stem the progress of that evil, save the re-instating or the establishment of the sexual relation on the highest plane, and in the form pointed out by the Christian code.

The instincts of the lower animals provide for the procreation of species by more or less promiscuous copulation, though that function is measurably restricted among the higher orders by habits of pairing or mating. To civilized man it is given to make choice of concubinage with its multiform evils, or of that permanent union of male with female, without which the life and the destiny of either is incomplete. As that union—or marriage—is the foundation of society, its aberrations may well be watched over, and should not in any country be neglected, though pointed out by the pen of a foreigner.

We suppose marriage to be an end in itself, and its primary object to be its own consummation—the reciprocity or the blending of the masculine and feminine elements of humanity in the partnership of the conjugal tie. But, as for the State, the principal purpose of the institution is the procreation and proper nurture of the rising population. This point is but briefly touched by M. Carlier. He acknowledges that the increase of population, independently even of immigration, is more rapid in this country than it is in his own. He however quotes from Tucker on the "Progress of the United States in Population and Wealth in fifty Years," to show that that increase has fallen off in each of the successive decades from 1790 to 1850. In France, where the subject is one of alarm to the economists, the comparatively slow multiplication of the species, he suggests, may be owing to the great increase of celibacy, and of the "transference of the habits of celibacy to marriage." In this country, also, among the causes given for the proportional decrease, are prudence and pride, which are proportional to the development of cities and the wealthy classes inhabiting them. Another cause is the rapid burning out of vitality produced by our climate and manners. But we do not doubt that a motive to the avoidance of conception is found in artificial wants and expensive habits of living, and that the motive is widely acted upon. To know the remedy is in this matter easier than to put it in operation. That remedy is, "to improve morality and render life more simple." When, among our progenitors here, the bringing up of a family was not such a serious pecuniary matter as it is now, and where, as in certain agricultural regions, children are rather a help than a burden, large families were and are not uncommon. In a certain sense, money seems to be the root of the evil. A couple possessed of a "handsome," though not unlimited property, must, with a numerous offspring, sacrifice luxury, and come down to a plain style of living. On coming of age it is difficult for the sons to provide themselves with lucrative employment, and for the daughters to obtain wealthy establishments. On the demise of the parents, the patrimony will not bear much subdivision without reducing the share of each heir to a comparatively small pittance. The same principle prevails as we descend in the social scale, till the alternative becomes one between comfort and poverty. Hence an avoidance of marriage, and of its natural fruits. Selfishness is not yet eradicated from men and women, as we find them.

In France, the young girl is sheltered under the wing of her mother until transferred to a husband, who has usually been selected for her, from considerations of position, and with whom she is no longer under tutelage. In fact, it is then that her independence begins. The French law accordingly surrounds marriage with strict formalities and conditions of parental consent. In the United States, on the contrary, the young unmarried female enjoys the utmost freedom, amounting often to license. And, our laws greatly simplify and facilitate marriage—M. Carlier seems to think, too much so. But, we feel sure that one can hardly have a long experience in our profession, here, without being convinced that, manners remaining as they now are, no increased restrictions should be put upon the legal union of male and female.

While M. Carlier acknowledges that the French girl is kept too closely and too long under maternal vigilance, we may, on the other hand, deprecate the partial orphanage of the mother's guidance which too often occurs here. Between the two extremes we may well advocate the golden mean. That secured, however, we hardly think that even then the cause of morality would be subserved by placing impediments in the way of wedlock.

But, the question which at present transcends all others in relation to marriage in this country is that of divorce. The frequency with which, and the trivial causes for which this measure is resorted to, show an alarmingly low estimate of the sacredness of an institution which should be regarded as a *sacrament*, if anything merits that name. The public sentiment in certain States, as manifested and incorporated into laws which make divorce a slight matter, loosens the conjugal tie in all respects, and implies moral degeneracy, in the past and present as a cause of that sentiment, and in the future as a deplorable and increasing consequence of it. Nor is the evil confined to the States referred to, so long as public opinion in other Commonwealths allow the citizens of the latter to take advantage of the easy legislation of the former. Orphanage and disgrace should never be inflicted upon irresponsible offspring, save in case of dire necessity. And it should be remembered that in proportion as the ideas of a community become lax as to the sanctity of the marriage relation, by just so much are the restraints of illicit passion weakened, whether its object be pledged to fidelity at the altar, or bound only by personal chastity or self-respect. We know of no more important enterprise which the three learned professions might appropriately join in promoting, than one against the evil in question, striking, as it does, at the foundations of morality and good citizenship.

We need to return to first principles, and in this boasted nineteenth century, to re-state some of the fundamental maxims of morality. In the words of M. Carlier, " Christianity came and proclaimed a new law, holding that man could not sunder what God had joined together." We may add that in a country which recognizes the Christian code, laws which authorize divorce, except for crime against the marriage relation itself—i. e., adultery—are wrong, pernicious, and a solecism.

Marriage in France is instituted by two separate and distinct ceremonies—the civil contract at the *mairie*, and the religious service at the church. As we understand it, these two elements are in this country combined in a single ceremony, whether that be performed by clergyman or law officer. Now by keeping the religious or moral union distinct in our ideas from the civil contract, it is easy to see that in case of dangerous violence, cruelty, gross intemperance, &c., the latter element may be dissolved, and separation *a mensa et thoro* decreed, while yet the former relation is suffered to be broken only by the death of either party, or by violation of the seventh commandment, which is itself the death of the moral union. In France and England divorce is procured with great difficulty, even in case of adultery. This is bad, and leads also to the desecration of wedlock.

One more explanation needs to be made. Where one party visits a Western State and obtains a divorce *on grounds unwarranted by morality*, is the other party morally (as he or she can be legally) loosed from the marriage vow and free to marry again? We answer in the affirmative, because the party thus wrongfully procuring the divorce puts himself or herself in a condition to marry again, and thus potentially annihilates the moral union.

The frequency of criminal abortion in the United States is of course largely discussed by M. Carlier; but as he derives his information chiefly from the writings of our own profession here, we need not say more about the subject in this place. It should, however, induce increased efforts to stay this monster evil, to hear our invectives re-echoed from a foreign shore—we should be urged on to hasten the coming of the time when the finger of scorn can, in this respect, no longer be pointed at us.

On one head the patriotism of M. Carlier has led him wide of the mark. He disputes the statement of De Tocqueville that American domestic morality is superior to that of Europe. He argues from the fact that in France the number of divorces for adultery is smaller than in the United States. We think this is easily explained by assuming that French spouses, instead of seeking (what is difficult to get) the *separation de corps*, on account of the intrigues of their partners, revenge themselves in kind. Our author's special pleading on this point will hardly avail, when we remember the great proportion of *mariages de convenance*, with their separate apartments; that there are computed to be in Paris 250,000 women who should be married but are not; and that in that gay Capital the *demi-monde* rivals and jostles the remainder. It may be taken for granted that fidelity to the marriage vow bears a constant relation to the general purity of manners. In this country one legacy from the Puritans has not yet been entirely squandered—a virtue which is something different from the innocence of the French *demoiselle*, kept closely under watch and ward; different from the prudent discretion of her countrywoman of a lower class who may be *sage*. If it be urged that what is there practised openly is here done in secret, it is obvious that the extent of what is concealed cannot be ascertained. And, finally, we quote an aphorism of French origin, that "hypocrisy is the homage which vice renders to virtue." In other words, it requires the presence of virtue to shame vice into hiding itself.

Vaccination and Re-vaccination.—The paper of Dr. Seaverns in this week's JOURNAL would seem to make the remarks by ourselves on the subject, which we had in preparation, superfluous. As Dr. Cotting, however, made a paragraph from this JOURNAL one of the texts of his paper, and closed it with an admonition evidently suggested by it, we feel it our duty to say, that we still hold to our original opinion of the great importance and the imperative duty of re-vaccination. We are willing to rest our opinion upon the two cases published in this JOURNAL: the first, that of a household of more than forty persons, exposed to a case of smallpox, among whom the only two cases of subsequent variolous disease occurred in persons who refused the protection which re-vaccination gave to all the other members (see this JOURNAL, vol. lxxvi. p. 252); and the second, the fact quoted by Dr. Cotting at the head of his article, that a succession of cases occurred in a smaller household, which we assumed must have been the result of neglect of re-vaccination or unwillingness to submit to it.

IN the present number and each of the two previous numbers of the JOURNAL we have been compelled, by the accumulation of material in our hands, to add four pages of reading matter; a gratuity which we hope our readers will duly appreciate.

Theology and Natural Science; their Mutual Relations.—A Lecture by J. H. GLADSTONE, F.R.S.—Dr. Gladstone has endeavored to show in the present lecture how the study of natural science, being the study of one volume which has issued from the Divine Being, prepares the mind for the reception of the truths delivered in the companion volume of God's word. Both are difficult studies, and in many cases wrong interpretations are arrived at; but the fact that the interpretation of the one record, clashes with the apparent meaning of the other, shows not that the original works are inconsistent the one with the other, but that our interpretations in neither case are perfect. All the inspired teachers of religion have drawn lessons from the study of nature, whereas Nature has acted the part of a terrible giant, a destructive Jupiter, or an awful Thor, in the religions that have had no revelation. Science repays the debt by clearing the mind from superstition, by exciting an earnest reverend spirit, by inducing humility of mind, clearness of definition, and calmness of judgment.

The slur cast upon science, that it leads to infidelity, is well rebutted by Dr. Gladstone. He states it as his experience that there are no more irreligious men in the walks of science than in other professions. What a man is before he begins to study, that he remains. The religious man becomes more firmly convinced, the irreligious man gains greater scope for scoffing. Science is not necessarily religious, nor is it the reverse; it may be conducive to either end. Dr. Gladstone has spoken kindly, thoughtfully, and well on one of the questions of the day that touches us not as scientific men, but as *men*, who cannot be indifferent when it is sought to place science in opposition to religion.—*London Chemical News.*

WE extract from the Paris correspondence of the same journal the following items:—

M. Genevoix, struck with the happy effects obtained by the valerianate of ammonia, has combined valerianic acid with other new base. His valerianate of triamyline contains four equivalents of valerianic acid. If the medicinal action depends upon the acid, and not upon the base, the new compound cannot fail to be successful.

Poultices are attended with great inconvenience in consequence of their weight, their cooling, and their more or less disagreeable odor. For the application on the skin of liquid medicaments, laudanum, tincture of iodine, or fatty matters, M. Genevoix proposes an impermeable tissue enclosing a double layer of swanskin, which is wetted with a decoction of marshmallows, linseed, or poppyheads, and which preserves its temperature for more than twelve hours at 70° C.

Cod-liver oil is now so much used in medicine that it has become a highly important article of commerce.

In this country we are inclined to look with more or less of suspicion upon any name that is connected with a largely advertised medicine. It is impossible to deny that the lustre of one of the most brilliant names in chemical science has been somewhat dimmed, at least in the eyes of the world, by being continually seen attached to jars of a highly nutritive but certainly uninviting-looking preparation in great favor at the present moment with the debilitated and dyspeptic.

This circumstance, although certainly unfair, is absolutely inevitable. There are few, therefore, who read the advertisements of "Dr. De Jongh's light brown cod-liver oil," who are aware that that gentleman (who, from the pertinacious way in which he has been decorated, appears to be a favorite with kingly amateurs of cod-liver oil) published in 1843 a most laborious research on the substance alluded to.

That cod-liver oil is a valuable remedial agent in numerous diseases of a scrofulous type, is now so generally conceded that it would be a waste of time to argue the point. To which of the numerous ingredients detected by De Jongh we ought to attribute the active properties of the oil, is another matter. We need hardly say that the wildest views are entertained on the subject, especially by medical men, whose chemistry, as a general rule, is disgracefully defective. The subject is so important that we shall make no apology for quoting the analyses of the authority we have named. It is true that they show weak points, especially as regards the bile ingredients; the defects, however, are more easy to point out than to remedy, and, at the time the analyses were made, were not so obvious:—

	Brown.	Light Brown.	Pale.
Oleic acid (with gaduine and two other substances)	67.78500	71.75700	74.03300
Margaric acid	16.44500	15.42100	11.75700
Glycerine	9.71100	9.07300	10.17700
Butyric acid	0.15875		0.07436
Acetic acid	0.12506		0.04571
Fellinic acid and cholinic acid, with some margarine, oleine, and bilifulvine	0.29900	0.06200	0.04300
Bilifulvine, bilifellinic acid, and two peculiar substances	0.87600	0.44500	0.26800
A peculiar substance insoluble in alcohol, of 0.968 sp. gr.	0.03800	0.01300	0.00600
A peculiar substance insoluble in water, alcohol, and ether	0.00500	0.00200	0.00100
Iodine	0.02950	0.04060	0.03740
Chlorine and traces of bromine	0.08400	0.15880	0.14880
Phosphoric acid	0.05365	0.07890	0.09135
Sulphuric acid	0.01010	0.08595	0.07100
Phosphorus	0.00754	0.01136	0.02125
Lime	0.08170	0.16780	0.15150
Magnesia	0.00380	0.01230	0.00886
Soda	0.01790	0.06810	0.05540
Iron	traces	—	—
Loss	2.56900	2.60319	3.00943
	100.00000	100.00000	100.00000

It is not remarkable that so many persons should entertain unsound views regarding the causes of the efficacy of cod-liver oil. Dr. De Jongh considers the value of the oil to be derived from the iodine and the elements of the bile. Others have imagined its curative properties to reside in the bromine, others in the phosphorus. It appears to us that these views are sufficiently refuted by the fact that none of the attempts to administer the ingredients of the oil in a separate state have succeeded. It is true that it has been attempted to evade this difficulty by saying that in cod-liver oil the substances alluded to are in a peculiar condition in which they are especially prone to assimilation. There is not the slightest evidence that this is the case. The free phosphorus has had the credit of being the really valuable ingredient. But is it absolutely certain that the phosphorus in cod-liver oil is free? Unless we are mistaken, the evidence for the existence of free phosphorus rests upon the fact that more phosphoric acid is obtained after oxidation of the oil with nitric acid than is obtained by precipitation from the liquid separated from the fatty acids after saponification. We think the evidence for the existence of free phosphorus requires to be greater than this. But, even assuming the fact, we think it in the highest degree doubtful if cod-liver oil, even if of the most absolutely correct "light brown" tint, possesses any remedial virtues save what are due to the fact of its being a highly digestible fat oil; and we consequently contend that the colored and fœtid oils possess no curative properties that are not found in the carefully prepared and consequently nearly colorless oils—nay more, that the disgusting flavor of the foul fish-oil of commerce, by rendering it more loathsome, in the same ratio renders it more difficult to assimilate.

THE wills of the late Dr. James Jackson and Dr. J. Mason Warren of Boston have recently been filed for probate. Dr. Jackson devised most of his medical books and books on natural history to his son-in-law, Dr. Charles G. Putnam; his other books, maps and engravings to his five children equally; and the bulk of his estate, after deducting some small legacies, to his four daughters in equal parts.—Dr. Warren gave his house on Park street to his wife during her life, together with such a sum of money as added to securities held by her would make $100,000. He left $50,000 in trust for his five children, $5000 to the Medical Benevolent Society of Massachusetts,, and $2000 to the Trustees of the Massachusetts General Hospital as a fund for a prize to be called the Warren Prize in honor of his father. Some other money bequests were made, and his library, surgical instruments, &c., were given to his son, John C. Warren.—*Boston Daily Journal.*

BY the published list of the present members of the North Carolina Medical Society, attached to the Report of the Proceedings at the last Annual Meeting, it appears that the whole number of members is 228; and that of these, 100 graduated at the Medical School of the University of Pennsylvania, 43 at that of the University of New York, and 33 at the Jefferson Medical College, Philadelphia.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 14th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	50	41	91
Ave. mortality of corresponding weeks for ten years, 1856—1866	48.0	45.8	93.8
Average corrected to increased population - - - -	00	00	103.42
Deaths of persons above 90 - - - - - - - -	0	0	0

BOOKS AND PAMPHLETS RECEIVED.—Minutes of the Proceedings of the Fourteenth Annual Meeting of the Medical Society of the State of North Carolina, May 15, 1867.—Spotted or Congestive Fever. By C. B. Coventry, M.D., Utica, N. Y.—Is it I? A Book for every Man: a Companion to Why Not? a Book for every Woman. By Prof. H. R. Storer, of Boston.—Woman's Rights. By Rev. John Todd, D.D.—University of Albany—Historical Sketches of the Medical College, the Law School, and the Dudley Observatory.—Townsend & Adams's (New York) Catalogue of Medical and Scientific Periodicals, Books, Colleges, Drugs and Medicines, Instruments, &c. &c.

DIED,—In West Topsham, Vt., Aug. 27, of consumption, Dr. Levi Burton, aged 63 years.—In Montgomery, Ala., Gustavus A. Nott, M.D., Professor of Materia Medica in the Medical Department of the University of Louisiana.—At Houston, Texas, Dr. Robert J. Breckenridge, during the late war Inspector of Hospitals for the Northern (Confederate) Army of Virginia.

DEATHS IN BOSTON for the week ending Saturday noon, Sept. 14th, 91. Males, 50—Females, 41. Accident, 2—anæmia, 1—apoplexy, 4—bronchitis, 3—cholera infantum, 14—cholera morbus, 3—consumption, 15—convulsions, 1—debility, 3—diarrhœa, 4—diphtheria, 1—dropsy, 1—dropsy of the brain, 1—dysentery, 4—scarlet fever, 5—typhoid fever, 1—gangrene (of lung). 1—disease of the heart, 3—malformation of the heart, 1—hernia, 1—homicide, 1—infantile disease, 2—disease of the kidneys, 1—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 1—marasmus, 2—old age, 1—paralysis, 4—premature birth, 1—puerperal disease, 1—smallpox, 1—teething, 1—uræmia, 1—unknown, 2.

Under 5 years of age, 39—between 5 and 20 years, 9—between 20 and 40 years, 12—between 40 and 60 years, 19—above 60 years, 12. Born in the United States, 62—Ireland, 19—other places, 9.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVII. THURSDAY, SEPTEMBER 26, 1867. NO. 8.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D. one of the Visiting Surgeons.]

ELEVENTH PAPER.—*Naso-pharyngeal Polypus, attached to the Basilar Process of the Occipital, and Body of the Sphenoid Bones, successfully removed by a Section, Displacement, and subsequent Re-placement and Re-union of the Superior Maxillary Bone.*

City Hospital.—Service of Dr. CHEEVER.

THE patient, a student, eighteen years old, entered the Hospital, July 20th, with the following history:—

About two and a half years ago he had profuse epistaxis, which continued twenty-four hours. During the six months next following this, he had only occasional slight attacks. At the end of that period he found that his right nostril was wholly obstructed, and he has never since been able to blow through it. He soon became aware of a growth behind that nostril, which gradually but steadily increased, until within a few weeks of the time of entrance, when it grew rapidly. There was some discharge, but it was not offensive until quite recently.

At the time of admission to the Hospital, the soft palate was found to be depressed and pushed forward until it hung at a right angle with the hard palate, and both it and the tonsil were inflamed. At the right side of the fauces a small ulcerated patch could be seen. By the finger, a tumor could be felt behind the soft palate, firm, full and lobulated, and extending farther up than the finger could be carried. Its lower lobes hung down into the throat. The whole of the upper part of the pharynx was occupied, except a small space on the left side. Nothing could be passed into the pharynx through the right nostril, but the left was clear. Hearing was imperfect in the right ear; and the respiration was mostly through the mouth. The microscopical examination of the debris of the tumor, removed by a digital examination, revealed only blood corpuscles, pus cells and *fibrous* tissue. There was no evidence of malignancy.

The patient was able to take liquid or soft food only. The general health was good, with no hereditary predisposition. He was very desirous of an operation for the removal of the tumor.

There was no question that the tumor must be removed, or, before long, cause the death of the patient. The problem to be solved was as to the best method of operating. Three modes offered themselves for consideration.

1st. By ligature, or the *écraseur*, through the nares. This was impracticable, because nothing could be passed through the right nostril opposite to which the bulk of the tumor lay; also because it was not a pedunculated growth. Were it practicable, it could only cut off the growth, without eradicating it; and it would, probably, speedily recur.

2d. By section of the soft palate, of the hard palate, and removal through the mouth, with a subsequent operation for staphyloraphy. This mode, advocated and revived by Nélaton, but really as old as Hippocrates, was abandoned on account of the size and high attachments of the tumor, and the fear that room enough to manipulate could not be got through the section of the hard palate.

3d. By removing the superior maxilla—a plain and easy way, but accompanied by deformity and serious mutilation. Here was a young man with a healthy jaw and perfect teeth, and the disease wholly behind it. Could a portion of the jaw be saved? or even the whole replaced? I decided to make a horizontal section of the jaw; depress it, saving all attachments of the soft parts possible; see if the tumor could thus be reached; and, if practicable, to replace the jaw, and try to save it.

July 23d.—*Operation.* The patient was etherized during the first part of the operation, and partial etherization was renewed at intervals; he was seated in a chair, with the head on a pillow.

An incision was made from just below the inner canthus of the right eye, downwards by the side of the nose, following the naso-labial fissure, to the corner of the mouth. The inner flap was dissected up until the symphysis was exposed; and the outer, until nearly the whole of the superior maxilla was free. With a narrow-bladed saw, about three inches long, the superior maxilla was now divided transversely, about half an inch below the floor of the orbit. The blade of the saw was plunged into the zygomatic fossa, and the front and back walls of the antrum were sawn through horizontally, starting just below the articulation with the malar bone, and terminating in the anterior nares, at the lower end of the nasal bone. The ala of the nose having been lifted up, the right central incisor was next extracted. Strong bone forceps were now used to divide the alveolar process, through the socket of the right central incisor. The cut included the *alveolus only*. The hard and soft palate were not touched. The bone was now held by the palate process, palate bone, and its co-ossification with the pterygoid processes. Seizing the alveolar process with strong tooth-forceps, the whole section of the superior maxilla was bent down and displaced into the mouth. The antrum was found to be filled by one lobe of the tumor without attachment, while the body of the tumor was attached to the upper, back part and right side of the pharynx and to the base of the sphenoid bone. The body was very firm, and the attachments were broad, covering a space two inches square. These, with considerable difficulty, were severed by scissors, introduced through the opening above the depressed section of the superior maxilla, and the base was cauterized repeatedly with strong nitric acid. The hæmorrhage, which was not excessive, was thereby effectually checked. Four ligatures were applied to bleeding vessels in the course of the first incisions. With the forefinger of the right hand in the throat, and the left in the cavity above the section of the maxilla, they could be made to meet freely, and explore thoroughly the pharynx, which was now found entirely clear of obstruction.

The superior maxillary bone was now hanging with its antrum exposed; and attached by the bent, or broken hard palate, the unbroken soft palate, and the broken osseous, and unbroken muscular and vascular attachments of the pterygoid process of the sphenoid bone. On these attachments we were to rely for the restoration of the bone. The maxilla was easily pushed up into its place, and held by a silver wire passed round the left central, and right incisor teeth; and by the closing of the lower jaw. The flaps of skin were accurately approximated, and united in place by six interrupted sutures.

At the close of the operation, the pulse was 120 and of fair strength. Wine, iced milk, beef tea and opium were ordered, *pro re natâ.* 7 P.M. Pulse 132. Reaction good. Takes nourishment freely. No vomiting or pain. Urine free. ℞. Pulv. Doveri, grs. x. 10 P.M. Sleeping quietly. Pulse 88. Respiration free.

July 24th, A.M.—Pulse 120, good. Patient in good spirits. Face drawn a trifle to left side. There is a little swelling of the face, and some offensive odor from the clotted blood. The parts syringed with ℞. Tr. myrrh., ℥ i.; aqua, ℥ iv. M. P.M. Pulse 130. No pain. Takes beef-tea, milk, eggs, &c., freely. Sleeps considerably. Functions regular.

July 25th.—Pulse 96. Except some drowsiness, feels very well. Appetite good. Sutures removed, and good union found. Eye nearly closed by adjacent swelling. The nares and pharynx to be syringed twice a day.

July 26th.—Pulse 112. Looks brighter. Eye very much better. Union of flaps quite firm.

July 28th.—Improving. Discharges more moderate and less offensive. Upper jaw in good position, having fallen only a very little. Appetite good; bowels regular; sleeps well; no pain.

July 29th.—A small swelling of palate just behind incisor teeth lanced. Discharge of pure blood. General condition of patient as good as usual.

July 30th.—Ligatures all away. External wound entirely healed.

Aug. 1st.—Quite comfortable. Discharge diminishing. A small piece of gutta-percha was moulded between upper and lower jaws of right side, and a bandage around the head and chin to keep the bone up in place.

Aug. 3d.—Steadily improving. Jaw in good position.

Aug. 5th.—Discharge from right nostril about normal. Patient walks about Hospital grounds, without suffering any inconvenience or pain.

Aug. 12th.—Still doing admirably. *No purulent discharge.* Some pain on pressure where the jaw was sawed across. Plug between jaws continued. No appreciable motion of parts of bone.

Aug. 22d.—Progressing very favorably. Bandage and gutta percha removed. Union of maxilla firm. Four weeks since operation.

Aug. 28th.—Discharged at his own request, well. Still wearing the wire about the teeth.

Sept. 2d.—Reported himself at the Hospital, in excellent condition. The wire removed. Union perfect; able to chew; now six weeks since the operation. Respiration clear. Examined with the rhinoscope by Dr. Langmaid, and the pharynx found healthy. A slight catarrh from the right nostril; nothing more.

ON THE TREATMENT OF PERMANENT URETHRAL STRICTURE.

By F. B. Greenough, M.D., Boston, Surgeon of the Venereal Department of the Boston Dispensary.

[Communicated for the Boston Medical and Surgical Journal.]

The frequency of urethral stricture and the great obstinacy with which it yields to curative means, have caused the subject of its pathology and treatment to occupy the attention of the most eminent surgeons; and many are the means that have been tried in order to conquer this very common ailment. The object of the writer of this brief article is to describe the simple method by which M. Maisonneuve, of the Hôtel Dieu, claims to have obtained many radical cures; but perhaps before giving an account of his operative procedure and instrument, a few general considerations may not be out of place.

Until recently, investigations on this subject have been carried on, comparatively speaking, in the dark, as the anatomical situation of the lesion is such as to render its study impossible except on the autopsy table, and this only showed that in a certain number of cases a more or less complete contraction of the walls of the urethra was found, caused by the presence of a dense fibrous tissue, generally in, or close to, the membranous portion, of the same gross appearance and microscopic structure as the cicatricial tissue which we see on the common integument as the result of the healing of any lesion of continuity. But as to what the causes might be that produced this tissue, or the manner of its production, *post-mortem* examinations told nothing.

It being a characteristic of the human mind, and of the medical mind especially, to give a hypothetical reason for any existing fact, the causes of which are unknown, many hypotheses were advanced to account for the formation of strictures. The most natural supposition was, that, as on those parts of the body that are exposed to sight we see this, or similar, tissue formed as the result of some traumatic injury, such should also be the case in the urethra; and, indeed, instances were found in which there seemed every reason to believe that such was the fact. Contractions of the urethra were observed where there was a clear history of some previous injury, such as external violence, formation of false passages by catheterization, blows on the penis when in a state of chordee, &c. &c. But, on the other hand, in by far the greatest number of cases no such history could be obtained. It was, however, noticed that almost all such patients either were, or had been, suffering from a chronic gonorrhœa.

This fact was found to be so constant that the conclusion of cause and effect seemed to be justified; and the next step was to discover in what way the gleet could produce the stricture. The theory that it was the result of the use of strong injections found many supporters. This theory was the result of the "*post hoc, propter hoc*" process of reasoning; as it was proved that most patients who had stricture had used such injections. As, however, Ricord, by the same logic, proved that flax-seed tea was the cause of stricture, and as, moreover, we see that nitrate of silver, even in the solid stick, can be used on a mucous membrane with great freedom without causing a cicatrix, this supposition cannot be sustained. The explanation which has been most generally adopted, and which is found in most works on the subject, is in accordance with the pathological ideas of the day, and is, in a few words, as follows:—The chronic irritation of the mucous membrane of the urethra from a gleet produces an exudation of plastic lymph into the mucous and submucous tissues. This lymph becomes organized and forms a dense fibrous tissue, which contracts in the same manner that a cicatrix does, and thus produces the obstruction or stricture.

Virchow, when he revolutionized pathology with his cellular theory, showed that this explanation of the genesis of stricture was not correct. He has proved that no organized tissue can be formed from an exudation, but that all pathological as well as physiological tissues must spring directly from some tissue already existing, and that this is accomplished by means of a proliferation of the cellular elements (zellenwukerung). The result of his investigations has been to show that a tissue which heretofore has been known as merely covering and binding together the various elements and organs of the body, plays a most important part in many pathological processes. This tissue is known as connective tissue (bindegewebe), and the proliferation of its cellular elements is the origin of many pathological processes and new formations (bindegewebeswukerung).

Such is the structure of the urethral stricture; it is due to a fibrous tissue, resulting from the hypertrophy of the physiological connective tissue of the urethra, which fibrous tissue has a strong tendency to contract, and thus to diminish the calibre of the canal.

It is, however, to M. Desormeaux that we are indebted for the discovery and demonstration of the manner in which this increase of connective tissue is produced by a gonorrhœal urethritis. He has shown by means of his endoscope that between the stage of acute urethritis and a fibrous stricture there always exists a granular condition of the urethra, which he calls "urethrite granuleuse." During this stage of the disease, cellulo-vascular granulations can be seen in the urethra in the membranous portion, or just anterior to it. These granulations are of the same character as those which we see at the base of any healthy wound or ulcer in the process of healing, and, like these, gradually change into fibrous tissue, which contracts.

We may, then, consider that a permanent urethral stricture is due to the existence of a contracting fibrous cicatrix, caused by the healing of an ulcerated condition of the mucous membrane, which ulcerated condition is the result of a chronic urethritis.

The symptoms of stricture are too numerous and well known to be recapitulated here, but a few words with regard to some of them may not be misplaced.

In all works on stricture great stress is laid on the size and character of the stream of urine as a means of diagnosis. As the size of the stream depends on the calibre of the urethra, and as this varies considerably in different cases, it alone cannot be of much value as a diagnostic sign.

A forked or twisted jet of urine is given in most books as one of the reliable symptoms of stricture, and the student is left to infer that this peculiarity of the stream is in some unknown way due to the obstruction. It is undoubtedly true that patients with stricture will often, especially on first rising, pass a double stream, or even one consisting of three or more jets, like that issuing from the nozzle of a watering pot; this, however, is not caused by stricture (at least not directly), but by the coagulation of the gleety discharge on being exposed to the air, which glues the lips of the meatus urinarius together at one or more points, and thus breaks the stream. As by the force of the flow of urine these adhesions are broken, the forked character of the stream ceases, and the patient passes a single jet. The twisted, or, as it has been called, the corkscrew jet, is not dependent on, or connected with, the stricture in any way, but is the normal form of the jet of urine. Professor Zeissl, of Vienna, explains this form of the jet of urine as follows. The shape of the meatus during the act of micturition is not like a simple slit, but more like an **8**, in which the top and bottom have been drawn away from each other—or rather like an ellipse, the sides of which have been pressed in until they almost touch each other; so that the stream may be considered as consisting of two jets, one issuing from the superior and one from the inferior part of the meatus, being connected by a thin sheet of fluid which issues from the middle part. It is to the fact of these two jets crossing each other that the rotation of the stream is due. The upper jet falls upon the lower one, and by its force gives a rotary motion to the whole stream. That this is the case may be easily shown by slightly twisting the penis on its axis, when it will be noticed that the stream will change its twist from left to right, or from right to left, as the upper jet happens to fall on the right or left side of the lower one. Another characteristic laid down in the books as belonging to stricture is, that the last drops of urine dribble out and fall perpendicularly, instead of being projected in the same direction as the rest of the stream. This takes place, but in a less degree, in a normal stream, as, when the bladder ceases to contract and the internal vesical sphincter closes, whatever urine remains in the urethra is passed out merely by the action of the acceleratores urinæ and the compressor urethræ. The reason that this is most marked when there is an urethral stricture is, that the obstruction preventing the free passage of the urine through the urethra, the portion of the canal posterior to the obstruction becomes distended, and consequently when the sphincter closes there is more urine left in the urethra to dribble out. This dribbling of the urine may also depend on a partial paralysis of the muscular coat of the bladder. In short, it may be stated that the only *sure* proof of the existence of a stricture is that given by an exploration with a bougie.

With regard to the treatment of strictures, the indication is clear. The cause of the trouble being an obstruction in the urethra, the indication is to remove it; but unluckily, although the indication is clear, the means by which it is to be carried out are not.

As we know of no means by which the tissue forming the obstruction can be made to disappear and be re-absorbed, the next best thing that we can do is to force a passage through it, or, more correctly speaking, increase in size the small passage that exists; and this has been the aim of the various methods of treatment that have been adopted. These methods are as follows:—gradual dilatation, sudden and forcible dilatation, and incision.

The method by gradual dilatation consists in the daily passage of bougies, gradually increasing in size until the obstruction is fully dilated. This method is safe and not painful, and the only objections to it are, that it cannot always be done, and that the stricture is sure to contract again if the passage of a bougie is omitted for any length of time. The fibrous tissue in some chronic cases is so firm and unyielding that even the most gradual increase in the size of the bougie will prevent its passage. In such cases we must resort to incision or forcible dilatation. The latter method has been strongly recommended; the best instrument is one which is known as Holt's dilator. This consists of a staff formed by two blades, which are united at one extremity, and between which there is a small rod. The staff is introduced into the stricture, and a tube is then put on the central rod and passed down between the two blades; as it is pushed down it separates the blades from each other, and thus forcibly ruptures the contraction. The objections to this method are, that it is sometimes very difficult if not impossible to get the stiff and unyielding staff through the obstruction; that if its point is made small enough to pass through a tightly contracted stricture, there will be considerable danger of forming a false passage in endeavoring to get it in, and that we have no means of limiting or even determining the amount of laceration of the tissues produced. Moreover, many strictures do not implicate the whole circumference of the urethra, but are confined to one of the sides, while the other remains covered with normal mucous membrane; in such cases the result of forcible dilatation would be, that that part would give way under the pressure that possessed the least power of resistance, i. e., the healthy mucous membrane rather than the tough fibrous tissue, and as this rupture must heal by the formation of cicatricial tissue, we shall have substituted in the place of a stricture occupying one side of the urethra, an annular one extending all around the canal. It remains to consider the method by incision.

From what has been already said, it must be evident that there can be, strictly speaking, no such thing as a radical cure of stricture, for inasmuch as the trouble consists in the existence of a fibrous contracting tissue which we cannot cause to be re-absorbed, and as, whether we break through this tissue, eat through it with caustics, or cut through it, there must always be a lesion of continuity, which in healing must produce new tissue of the same character, we have merely succeeded in obtaining a temporary freedom of passage, the tendency of which is to contract again and become as bad as ever.

This can, however, be prevented by the use of bougies, and it is to the judicious after-treatment by this means, much more than to the operative means used, that the successful treatment of stricture is due.

There are, however, some points to be considered in selecting the method of operation, and in the choice of an instrument. The operation, as performed by M. Maisonneuve, combines the advantages of simplicity, facility of execution, protection from hæmorrhage and urinary infiltration, and is not very painful. The instrument he uses is an urethrotome invented by himself. It consists of a staff, grooved on its concave side, with a screw at its smallest extremity, a capillary elastic bougie which screws on to the staff, and a small triangular blade, which, by means of two small slots, fits into the groove of the staff, and can be moved up and down. This blade is the shape of an isosceles triangle, with an obtuse apex; the apex is blunt, the two equal sides are sharp, and the base runs in the groove of the staff. The capillary bougie is first passed through the obstruction; the staff is then screwed on to it and passed down, the bougie going before it and as it were leading the way, and as it enters the bladder coiling itself up. When the staff is well through the stricture, the blade is fitted into the groove and pushed down; its blunt apex passes along the superior wall of the urethra, which is thus kept from the sharp edges, but as soon as the stricture is reached, the sharp side of the blade presses against it, and, guided by the staff, cuts its way through the obstruction. The whole instrument is then withdrawn, and a large-sized catheter is introduced and kept in for twenty-four to forty-eight hours. Such is the simple method of urethrotomy for which we are indebted to M. Maisonneuve. Its advantages consist in the use of the capillary bougie, by means of which we are enabled to pass the staff through the stricture without any danger of forming a false passage, and in the power which we have of regulating the depth of the incision; this depends on the altitude of the triangular blade used. Each instrument has three blades of different sizes. The introduction of the large catheter prevents the possibility of any hæmorrhage by its pressure against the cut surfaces, and also protects the wound from contact with urine, until it is sufficiently glazed over with lymph to prevent the possibility of urinary infiltration. Unfortunately, M. Maisonneuve is not content with having originated the best known operation for incising an urethral stricture, but claims that by this operation he effects a radical cure. That this claim cannot be admitted is, it is hoped, sufficiently shown by what has been previously said. The cure, so far from being a radical one, is only just begun. The urethra must be kept dilated by passing bougies, at first daily, and then gradually decreasing in frequency, so that by the end of the third month once a week will be sufficient. The patient should be taught to pass a bougie on himself, and it should be plainly stated to him that for some years, if not forever, the neglect of so doing will expose him to a return of his trouble. Fortunately, the necessity of occasionally passing a bougie is not a great hardship, certainly nothing in comparison with the amount of suffering caused by a tight stricture.

In conclusion, it may be stated that gradual dilatation should always be tried, and urethrotomy be resorted to only when the stricture will not yield to this method. The remarks with regard to the after-treatment are equally applicable to all operations for the cure of stricture, from the simple gradual dilatation to perinæal section.

DACRYOCYSTITIS.

[Communicated for the Boston Medical and Surgical Journal, by W. W. GARDNER, M.D. of Springfield, Mass.]

A YEAR ago some facts and queries concerning chronic Dacryocystitis were stated by me, in the *Medical and Surgical Reporter*, published in Philadelphia. Since that time my views have been somewhat modified, and as no response has been made by the profession I beg leave to call attention to the subject through your Journal.

Having several incurables (?) on my hands, then as now, who had followed treatment so long as to make me believe it a failure, I desired to know whether the fault was inherent in the theory or in me. Although one or two of the "incurables" have since assuredly recovered, by this persistence, and a few others improved so as to warrant a hope for success, I yet have other cases that time even fails to conquer. It is true that the majority of cases easily recover by the plan pursued in a short time, but the obstinate cases are opprobria it would be delightful to wipe out at an early day.

My plan is similar to that in our Eye Hospitals, to slit the canaliculus about one half the distance from the puncture to the sac, and for a few days during each day following, keep the slit open so that it will be permanent. Next—to use the largest size Anel's probe, which can pass the stricture in the nasal duct, and repeat once in from four to ten days, using a larger probe as often as possible until No. 7 is used.

I seldom use No. 8 probe, because my successful cases get well with No. 7, and my unsuccessful ones continue, although I use No. 8. If there is much accumulation in the sac, I use Anel's syringe with a weak solution of chloride of sodium, to wash it out, each time after using the probe.

My theory is, that after use of the probe there will probably be a little blood which coagulates and stops the passage, and that the retention of mucus or pus until the coagulum is broken up, or until the next probing, prolongs the case. If pure water is used to cleanse the passage, it will corrugate the mucous membrane, or by endosmosis thicken it, so as to in a measure reclose the duct for a time, and hence the sodium is indicated. To demonstrate this by analogy, try first water, then chloride of sodium solution with the nasal douche, and the effect will be convincingly apparent.

I have tried the nasal douche, as adjunctive treatment the past year, and from my observation believe it to be very useful in many cases.

The constitutional treatment is as essential as in catarrh, in a majority of cases, but has no specific relation to the disease. The patient is treated. If there is debility, vegetable and ferruginous tonics are advised, and alteratives if complicated with scrofulous or strumous habits.

The most obstinate cases are those tending to erysipelatous inflammation, and some of these could not bear the use of the probe often enough to be useful without the use of a cholagogue cathartic once in ten or fifteen days. Some who have recovered so far that the probe has not been needed during six or eight months past, are obliged, occasionally, to take the cathartic once in six weeks to prevent the inflammation recurring in the sac. My prescription has, usually, been podophillin gr. one-fourth at night—repeated until it moves the bowels.

One case, a lady, who had fistula lachrymalis upon one side, and who had often been confined to her room because of the acute attacks of inflammation of the sac, was under my care two years, the probe having been used over a hundred and fifty times. The bone surrounding portions of the sac was denuded of membrane, and the natural course of the duct evidently altered. At no time, during her treatment, could the probe be passed quite into the nasal fossa without using improper force, although its shape was changed to meet any alterations there might be.

During her treatment she had no acute attacks of inflammation of the sac, and aside from the trouble of treatment, no inconvenience; but after so long efforts, it seemed useless to continue the probes, and after instructing her how to wash out the sac she was discharged. Nearly a year intervened before she returned, during which time she constantly cleansed the sac with the syringe, and had no other trouble with the disease. Another trial of the probes was suggested, to which she assented. A No. 7 probe, bent at the point unusually backwards, readily passed into the nasal fossa, and was repeated twice afterwards within two weeks, and since then, over a year in time, she has had no vestige of the disease.

I am well satisfied that the primary operation will *sometimes* secure a recovery, its advantages are so apparent. Whether it is because of the stimulus of the probe, the slight local depletion from the operation, or because the canal is enlarged, or all together, I am not sure, but think all three influences work in our favor.

Patients from a distance generally desire to hurry matters, and I have sometimes passed the probe daily a few times, but I cannot think much is gained, as the irritation has to abate before repeating the probing.

Those cases presenting only a watery eye, without muco-purulent secretion, generally get well after using the probes from five to ten times. Those recover the soonest who are in good health.

September, 1867.

The Commissioners of Public Charities and Correction in New York are to erect a building on Ward's Island as an Inebriate Asylum, for the reclamation of drunkards.

VACCINATION.—RE-VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Far from intending " an admonition " in the closing paragraph of my paper with the above title (Journal, Aug. 29th), as assumed in your remarks in the Journal of to-day (Sept. 15th), I only wished to deprecate insinuations of ignorance and neglect against those who honestly hold different opinions, and openly state the grounds on which their opinions are based. My paper was founded on independent observations and facts; but as it evidently seems to have been misapprehended, I ask your permission to briefly re-state its substance.

The test, a true one, being long-continued exposure to variolous disease—in my cases,

Some having large foveated and foveolated scars were shown to be imperfectly protected;

Some having only " a miserable speck or two " proved to be amply protected;

So that scars alone, whatever their characteristics, so far as these cases go, cannot be relied on as tests of protection. And further,

Some, thoroughly, and about a quarter of the whole number so young that they may be said to have been recently vaccinated, were attacked with varioloid;

Some escaped, though many years had elapsed since vaccination;

Youth did not give, age did not take away immunity.

Such were the facts. Few as they were, being facts, they must stand.

As to re-vaccination, it is clearly evident that the only way to satisfy all the conditions exacted by the several parties of advocates, except such as are named in my paper, will be to repeat the operation every few years, nay, perhaps every few months—thus reducing the whole proposition to an impracticable absurdity.

Lastly, I have daily more and more reason to believe that the damage arising from indiscriminate re-vaccination, even when done by those claiming to be preëminently successful, has not been overestimated in my paper. Very respectfully yours,

Roxbury, Sept. 19, 1867. B. E. Cotting.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 37.]

Treatment of Impetigo in Children.

If the patient is a nursing child, the milk should be examined under the microscope, if practicable, and if found at fault, the child should receive its supplies of good nourishment from other sources. If it is old enough to be weaned, this change should be made rather than to procure a new wet-nurse for it, for in the latter event great risk is run, that the blood and therefore the milk of this nurse is of impure quality. The child will thrive well on good milk from the cow, or a little cream added to the milk occasionally; strong beef tea now and then, will also be proper, care being taken to watch its effect on the bowels; or it may be allowed to suck a bit of lean beef two or three times a day. The above will afford a generous bill of fare from which a judicious mother can make a selection that will keep her offspring in a healthy state, so far as diet is concerned. Gingerbread, and all kinds of cake are to be avoided, for they will soon take from the child the power to digest the simplest food. Having suitably regulated a scale of dietetics, and made all needful provision to secure salutary hygienic influences, the way is prepared for general and local treatment. In regard to the former, but little is required for a young child.

If the disease is on the head, it will be proper to administer a laxative of the submuriate of mercury, one grain rubbed up with the same quantity of loaf sugar, and dropped upon the tongue of a child from one to two years old. This may be repeated every eight or ten days to a child of good general health. If it is of a feeble frame and condition, then the calomel is contra-indicated. Tonics are called for instead. The syrup of the iodide of iron and Fowler's solution of arsenic, as recommended in the treatment of eczema infantile in a previous paper, are equally indicated in cases of infantile impetigo. And these are about all the constitutional remedies that are applicable to a young child from one year to eight or ten years old.

The local treatment should now engage our attention. The scabs formed by the contents of the psydracious pustules are easily softened and made ready for removal by the application of a solution of the carbonate of soda; when the scalp is the seat of disease, ℞ Soda carbonatis, ʒ i.; aquæ fontanæ, ℥ viij. M. Soft rags saturated with this solution are to be constantly applied to the diseased integument, and an oiled silk cap should be placed over the rags to prevent evaporation. As soon as the scabs are removed, the raw surface should be wiped dry and carefully examined to ascertain if any small ulcerated spots have formed, and if so, they should be coated over with a weak oxide of mercury ointment, ℈ i. to ℥ i. If any little abscesses are detected, they should be punctured with the point of a lancet. They soon heal up without further trouble. If there is much hair on the scalp, it should be clipped short and kept so.

After the scabs are removed, a solution of the carbonate of soda, ℈ i. to ℥ viii. of water, will make a suitable dressing to the scalp. Cloth saturated with this should be laid on smoothly, so that the lotion shall come in contact with the entire surface. The pruritus, which is generally a characteristic of the eruption in its early stages, is in most instances allayed by this local remedy, which is to be employed so long as its efficacy is apparent. If it proves inadequate to the exigencies of the case, the following will be found an excellent adjuvant. ℞. Acidi hydrocyanici diluti, ʒ i.; spiritus vini, ℥ ss.; emulsionis amygdalæ, ℥ viii.; M. Signa.—Lotion. Lint saturated with this is to be applied for an hour or two each day, to the affected parts; and during the rest of the time the alkaline solution is to be employed. If the sedative effect of the hydrocyanic acid is not sufficiently powerful, it can remain on for a longer time than is mentioned, and can be repeated with safety morning and evening.

The benzoated oxide of zinc ointment is also an appropriate local application at this crisis, especially by night. It should be laid on so as to form a thick coating to the scalp, and a night cap should be fitted to the head.

A mixture containing the oil of cade, rectified spirit, and a small quantity of caustic potash, and used as a local application, is also beneficial when the itching and irritation in the parts are obstinate. ℞. Potassæ fusæ, grs. xv.; olei cadini, ℥ ss.; olei camphorati, ℥ i.; spiritus vini, ℥ ii. M. A portion of this is to be rubbed briskly over the eruption night and morning, and to be washed off with warm water and soap before each re-application. As the pruritus abates, the lotion may be used less frequently; and during the intervals of its application the scalp is to be covered with the benzoated zinc ointment.

After the severity of the local symptoms has materially subsided and the eruption has passed into a chronic state, an ointment of the nitric oxide of mercury will be found appropriate. ℞. Hydrargyri oxidi rubri, grs. xxiv.; pulv. camphoræ, grs. vi.; unguenti simplicis, ℥ ii. M. This ointment is to be applied freely two or three times a day to the affected surface. In a majority of cases of impetigo capitis the foregoing method of treatment will be found efficacious, and sufficient to cure the complaint.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

AUG. 26th.—*Tuphlo-enteritis-peritonitis after an Accident, with Specimen.*—Dr. C. D. HOMANS reported the case.

A girl, eight years old, of slender constitution, was thrown from a child's truck on which she was being dragged, on Wednesday, falling upon her right side. On Thursday she had a chill, followed by pain in the right iliac region, which gradually extended over the whole abdomen. She was under the care of an irregular practitioner till Sunday, when Dr. Homans was called, and found her in bed, countenance anxious, pulse frequent and weak, complaining of great pain and tenderness in bowels, just over the situation of the cœcum, and with great anorexia; the bowels were constipated; there was some tympanitis and tenderness generally over the abdomen. By stimulants and opiates she was made as comfortable as possible, but gradually sank away until her death, on Monday afternoon.

The autopsy was made by Dr. J. Homans, Jr., who showed the specimen and furnished the following account:—

Abdomen only examined. Recent peritonitis, with effusion of purulent fluid, and gluing together of the folds of intestine and contents of the pelvis was found. The inflammation was most severe in the neighborhood of the cœcum. There were two small perforations of the appendix cœci, seven eighths of an inch from its extremity, round and small, perhaps half a line in diameter. The last inch of the appendix was in a more or less advanced state of gangrene. The tissue of the appendix, at its circumference where the perforations were found, was reduced to a thin covering of peritoneal and areolar tissue. Within the appendix—two inches from its origin—was found, pretty firmly fixed, a body of a brown color, fæcal odor, and of the size and shape of an ordinary dry, white bean. This body was three and a half lines long, by two lines in thickness, and was of the consistence of moderately hardened putty, or very thick, tough dough. On section, it was seen to have a small central point of a bluish-slate color (this point is soft), and deposits seem to be arranged concentrically around this centre.

By the aid of the microscope, this body is seen to consist of portions of vegetable structures and amorphous matter, such as might be seen in fæces.

Dr. Jackson remarked upon the fact that acute disease not infrequently follows an accident, a point not sufficiently insisted upon by authors; he thought the child would have been alive now but for the fall.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 26, 1867.

METHODS OF CALCULATING THE EPOCH OF PARTURITION FROM THE LAST PRECEDING MENSTRUATION OF THE PREGNANT WOMAN.

In the to us indispensable pocket momorandum book, called the "Physician's Visiting List," is a table for calculating the period of utero-gestation, as it is called. According to this, confinement may be expected, *at the soonest*, on the expiration of nine calendar months from the *end* of the last menstruation; and *at the latest*, at the termination of ten *lunar* months from the close of that last menstruation; the interval varying (on account of the different length of the calendar months included) from four to seven days.

That this is cutting a Gordian knot too abruptly, it is easy to show. But, we have chosen our present topic because we think it is not always sufficiently borne in mind how much variation there is in the normal duration of pregnancy, and that to fix the precise day or week of approaching delivery is attempting too much.

This fact is foreshadowed, perhaps, by the different modes in use of computing the time when confinement may be expected. The subject seems to have been rendered somewhat more obscure by want of precision in fixing the date from which the calculation is to be made. Thus, some date from the end of the last menstruation, others from the beginning of it. In the statements, too, of authors, it is not always clear whether they mean the interval between actual conception and labor, or the average time which elapses between the last menstruation (whether the beginning or the end of it) and parturition. As patients are not unfrequently subjected to a good deal of annoyance from disappointments in their calculations, either by delay in the arrival of their expected delivery, or by its setting in before it was anticipated, we think a brief review of the question may not be amiss, in order that we may fully realize how the matter stands, and guard against the inconveniences just alluded to.

The old-time method of calculating the date when the event in question should occur is to count nine months and a half from the last menstruation. We believe it is the close of that menstruation, too, that is taken for the point of departure.

But, the illustrious Harvey declares that pregnant women "after ten lunar months have elapsed [from the last menstruation] fall in labor, and reap the fruit of their womb, the very day on which the catamenia would have occurred had impregnation not taken place." He also says that matrons calculating after this rule "are rarely out of their reckoning."

Dr. Tyler Smith also argues that parturition is to be expected at what would otherwise be a menstrual period (and that the tenth); and also that the process is essentially a menstrual period, on the ground that the duration of pregnancy (280 days) is the multiple of a lunar month.

Dr. Smith says on this subject:—"I believe I have proved that *ovarian excitement is the law of parturition in all its forms of ovi-expulsion.*" He subsequently makes the quotation from Harvey which we have given above. Dr. Smith remarks, "this, it will be seen at a glance, is merely the expression of a numerical fact," and urges his claim to have originated the idea that ovarian excitement produces parturition as well as menstruation. His reference to the 280 days of pregnancy as being a multiple of a catamenial period is a part, also, of his favorite theory of "the great genesial cycle." In describing that theory, he says:—"Thus the catamenial cycle of twenty-eight days is departed from at conception for another cycle—namely, that of gestation, which consists of 280 days, or ten lesser cycles. After the completion of gestation a new cycle is commenced—that of lactation—upon the completion of which the system returns to the simple catamenial cycle. These cyclical and epicyclical periods are themselves all included in another great period of development extending from puberty to the decline of the catamenia."

If Dr. Tyler Smith really means to prove that labor falls on a menstrual epoch because the period of *gestation* is a multiple of a catamenial period, then, as Dr. Montgomery has well shown, he involves himself in a *non-sequitur.* For the commencement of pregnancy, or conception, occurs not during menstruation (save by exception), but usually during the week following that function, and is not limited strictly, as we shall take occasion to show, to any portion of the intermenstrual period. It may be, however, that this writer has embarrassed himself by the confusion of terms we have above referred to, and may, in fact, mean by the duration (or "cycle") of gestation the interval from the last menstruation of a pregnant woman to her confinement, assuming that to be ten lunar months. In that case, his theory may be consistent with the alleged numerical facts, and then the question turns upon the validity of those facts. As to that, we will say in advance, that, as we shall presently show, labor can be said to occur at the end of the tenth lunar month from the last menstruation only as a general average—a mean result between wide extremes.

Now, thus far we have found that different authorities have given us different data for calculating the time of expected confinement—ten lunar months from the last menstruation of the pregnant woman is one rule; nine calendar months and a half from the said last menstruation is another, &c. Dr. Churchill thinks even this latter mode of calculation is in the majority of cases *over-run*.

But we have to go a step further, and show that the duration of pregnancy itself, comprehending, that is, the interval between *conception* and the delivery of a mature fœtus, admits of not merely exceptional, but frequent variation. This appears, in the first place, from the fact that the French authors Jacquemier and Cazeaux set the average term of gestation at 270 days, while English writers often put it at 280 days. The same thing is more distinctly shown in a table from "Montgomery on Pregnancy." Montgomery takes Reid's table of "25 cases dating from a single coitus," and a table of his own, consisting of "56 cases in which the day of fruitful intercourse was known," and presents some of the combined results in a tabular form. From this last table it appears that of the 81 cases of Reid and Montgomery together there occurred

In the 35th week . .	1 case.
" " 37th " . . .	2 cases.
" " 38th " . . .	6 "
" " 39th " . . .	15 "
" " 40th " . . .	36 "
" " 41st " . . .	10 "
" " 42d " . . .	9 "
" " 43d " . . .	2 "
Total	81 "

The above figures, we find on examination, show that there were more than twice as many cases of mature delivery on the 40th week as in any other *one* week; but yet that there were only 36 cases in the 40th week to 45 cases in the other weeks taken together—24 cases in the weeks preceding the 40th, and 21 in those succeeding.

This result, we take it, demonstrates precisely what we have undertaken to show, viz., that there is great variation in the duration of pregnancy, and that a wide margin should be left for such variation in arranging for an expected confinement. The single case in the 35th week might be set aside as an extreme exception without affecting the results materially.

We have taken the trouble to further analyze the tables of Reid and Montgomery so as to get the average duration of gestation in *days*. The total number of days in Reid's 25 cases we find to be 6852. Dividing this number by 25, we strike an average of $274\frac{2}{25}$ days. In the 25th case there was sexual congress on the 15th, 16th and 17th of September, labor occurring July 5th. We have adopted, in our calculation, the intermediate day (the 16th), and assigned 292 days as the duration of gestation in that case. We have been obliged to act in a similar way in 7 of the 56 cases of Montgomery, which we now proceed to analyze in the same manner as we have just done with Reid's.

The total number of days in Montgomery's 56 cases is 15,589. Dividing this number by 56, we get an average of 278 days.

Once more: the total number of days in the 81 cases of the two tables combined (25 of Reid's and 56 of Montgomery's) is 22,441 (6852 + 15,589). Dividing this by 81, we have an average of 277$\frac{4}{81}$. But, the French authors we have quoted make the average duration of pregnancy 270 days. And, the mean between the French average of 270 days and the English average of 277 days is 273½, which brings us back to *about* the average of Dr. Reid's cases—viz., 274 days.

Now, let us see if we can infer the average time which elapses between the day on which the last menstruation of a pregnant woman is recorded to have *commenced* and labor; 273½ days we have seen to be (so far as the statistics we have analyzed go) the average duration from *conception* to labor. Conception *usually* occurs during the first seven or eight days after menstruation. These are our data. It follows from them, that the average we have above obtained of 273½ days *plus* the time occupied by the menstrual period will give us *from forty to forty-one weeks* (according, perhaps, as conception occurs on first, or the eighth or an intermediate day) as the average time which intervenes between the *beginning* of the last menstrual period a pregnant woman has had and labor.

As forty weeks are ten lunar months, we have approximated to the aphorism of Harvey (adopted by Tyler Smith and others) that the pregnant woman "shall fall in labor" on the completion of the tenth lunar month from her last menstruation. Only we find that Harvey was in error in saying that variations from this rule were rare. For, we repeat that the divergences are many in number and considerable in degree.

In the same way, the rule given by the "Physician's Visiting List," alluded to at the beginning of this article, telling us to count nine calendar months from the *close* of the last menses as the soonest, and ten lunar months as the latest time to expect labor, corresponds nearly enough to our 40 to 41 weeks from the commencement of the last menstruation. But here, again, the error is that allowance is not made for divergences.

In practice, our patients should be prepared (if the statistics we have interrogated are a safe guide) considerably before the calculated time, and yet not be disappointed if they should go two weeks, or even longer, beyond it. Thus, to suppose a case, a woman begins to menstruate on the 1st of January and ceases on the 5th. Having no return of menstruation, she calculates to be confined in from 40 to 41 weeks from January 1st—i. e., from October 7th to October 14th. She conceived, we will assume, January 8th, three days after the cessation of the menses. If gestation in her case should last only 38 weeks, then labor sets in October 1st, or one week before she began to expect it. On the other hand, suppose the gestation prolonged to 42 weeks, the patient, instead of being confined *by* the 14th of October (i. e., from the 7th to the 14th, as before), goes to the 21st.

But, supposed prolongation of gestation may be sometimes more apparent than real. This appearance of prolongation may arise from the fact that conception is not always limited to the first eight days after menstruation. For example, in

Dr. Reid's 25 cases "dating from a single coitus" are three cases in which the single coitus, and consequently the conception, took place respectively 11, 12 and 16 days after the cessation of the menses. In all of those three cases labor took place within the 40th week after conception; in the first case on the 276th day, in the second case on the 275th day, in the third case on the 278th day. Yet in the two first of the three cases—those in which the conception occurred on the 11th and 12th days respectively after the *close* of menstruation—precisely 41 weeks elapsed from said *close* of menstruation to labor, and therefore more than 41 weeks from the commencement of that menstruation. In like manner, in the third case, where conception occurred on the 16th day after the close of menstruation, precisely 42 weeks elapsed from said *close* of menstruation to labor, and therefore more than 42 weeks from the *commencement* of that menstruation.

These instances of conception late in the inter-menstrual period do not materially impugn the "ovulation" theory of menstruation, because even if it be doubted that an ovum may retain its vitality beyond eight days after menstruation, yet we may fall back on the fact which, as Dr. Montgomery says, Dr. Ritchie has satisfactorily shown "by dissections of females made at all periods of life, that Graafian vesicles are ruptured and ovules extended even in children, and in women during the child-bearing period of life, at times apart from the menstrual period." From this it would appear that the *molimen hæmorrhagicum* of menstruation is only subsidiary to, or collateral with the more essential part of the function, viz., the oviposit.

Finally, the apparent protraction of gestation, owing to conception taking place just before an expected recurrence of menstruation which fails to appear, is too familiar a point to require more than this passing mention.

The report in the *Union Médicale* of the proceedings of the International Medical Congress gives a highly graphic description of the sessions of the 23d and 26th of August.

The Congress, it seems, was pursuing the course of its labors in peace, and was even a little sleepy, when *syphilization* intervened, and behold a war broken out! The brand of discord was thrown into the midst of the pacific assembly. The reporter declares that he never before had been present at a congress where the sessions were more noisy and stormy. The audience, ardent, passionate, tumultuous, was divided into two camps; the one for, the other against syphilization. The latter, the more numerous, supported M. Ricord with loud acclaim. For Ricord, "these two sessions were, from beginning to end, a long ovation, and a continuous triumph. The illustrious syphilographer may be said to have received on those memorable days the acclamations of the entire world, the crown of his splendid career." The other party, smaller in number, but with no less energy, sustained by voice and gesture M. Auzias-Turenne, who displayed in this unequal strife a talent, an activity, a firmness, and a warmth of conviction which it was impossible not to admire, though without sharing his opinions.

In the midst of the general excitement, a ludicrous incident occurred, to change for an instant the current of feeling. M. Ricord was saying that "he could desire nothing better than to believe in syphilization. From the outset of the alleged discovery of M. Auzias-Turenne he had said, if syphilization were a reality it would follow that the soft chancre was to the hard chancre what vaccinia is to variola. M. Auzias-Turenne would be the Jenner of syphilis, and would have statues erected to him. But, unfortunately, the vaccinia of syphilis has not yet been found, and the pox still awaits its Jenner. If M. Auzias-Turenne believed in syphilization, let him syphilize himself. Quite enough patients had purchased with their health—even with their lives—the pretended benefits of syphilization." At this moment, a member of the convention, getting up on one of the benches of the amphitheatre, and stretching out his arms, cries out twice, in a voice of thunder, "I am a physician—syphilized—and I am in good health." (Prolonged merriment.)

(A voice from the auditory.) "Why has not M. Auzias-Turenne syphilized himself?"

(The previous speaker.) "M. Auzias-Turenne has not renounced marriage. As for me, I have renounced it. What father, what mother would be willing to give a daughter to a syphilized man?" (Laughter.)

M. Ricord.—"Nay, if syphilization be a guarantee, syphilized subjects would be much sought for as family men." (Laughter.)

M. Auzias-Turenne.—"I have offered to make experiments before a commission; but my demand has always been rejected. It is desired that I make the experiments on my own person. I refuse from self-respect, not being willing thus to place myself at the disposal of M. Ricord and M. Bouillaud, for the sole purpose of gratifying their curiosity, and being afterwards the butt of their pleasantries."

* * * * * * * * *

In the midst of a warfare of words between M. Ricord and M. Auzias-Turenne, M. Crocq remarked that the pending discussion was widely divergent from the question of the day, which was this:—*Is it possible to propose to the different governments any effectual measures for checking the spread of venereal diseases?* A delegate from the Belgian Government, would it be acceptable, he asked, for him to propose to his government to syphilize all the Belgians in order to check the spread of syphilis in Belgium? (Laughter.) M. Crocq demanded that the discussion be closed. It was, however, continued through the succeeding session.

Subsequently, there was a prolonged debate upon legislative enactments having in view the eradication or diminution of venereal diseases. In the remarks on this question, it appeared that the registration and regulation of prostitution had been a failure even in Paris, where the registered are far outnumbered by the clandestine prostitutes.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, September 21st, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	47	34	81
Ave. mortality of corresponding weeks for ten years, 1856—1866	46.7	45.3	93.0
Average corrected to increased population - - - - -	00	00	103.00
Deaths of persons above 90 - - - - - - - -	0	0	0

Deaths in Boston for the week ending Saturday noon, Sept. 21st, 81. Males, 47—Females, 34. Accident, 2—colic, 1—bronchitis, 4—congestion of the brain, 2—disease of the brain, 1—cancer, 1—cholera infantum, 8—cholera morbus, 1—consumption, 14—convulsions, 5—diarrhœa, 1—diphtheria, 3—dropsy, 1—dropsy of the brain, 1—dysentery, 4—fever, 1—scarlet fever, 3—yellow fever, 1—disease of the heart, 2—disease of the liver, 2—congestion of the lungs, 1—marasmus, 3—old age, 1—peritonitis, 1—pleurisy, 4—premature birth, 1—puerperal disease, 1—sunstroke, 1—teething, 1—ovarian tumor, 1—unknown, 10.

Under 5 years of age, 37—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 15—above 60 years, 6. Born in the United States, 60—Ireland, 18—other places, 3.

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STRANGULATED FEMORAL HERNIA—OPERATION—RECOVERY.

By John L. Sullivan, M.D., of Malden, assisted by Messrs. L. Woods and C. B. Shute.

[Communicated for the Boston Medical and Surgical Journal.]

M. E. W., aged 57; unmarried; stout, but not corpulent; always a healthy woman, though of sedentary habits. One year ago, strained violently at stool and produced a rupture on the right side, but as the "bunch," as she called it, which was of the size of a walnut, readily disappeared on moderate pressure, she neglected to apply for medical aid. In May last, the tumor having gradually increased in size, though still readily reducible, a truss was procured and worn with occasional intermissions till the morning of August 31st, when it was left off in consequence of the skin being badly chafed. At 11, P.M., she was attacked with colicky pains and vomiting, which continued during the night; was unable to reduce the hernia.

Sept. 1st.—First saw her at 6½ o'clock, A.M. Pulse 86; heat 99; countenance pale and anxious; skin cool and clammy; abdomen tender, swollen, and tympanitic; had taken an emetic of mustard and a purgative enema, and voided considerable fæculent matter; nausea and vomiting incessant. The matter vomited was yellow, homogeneous, but had no fæculent odor. A tumor in the right groin, more than twice the size of a hen's egg, rolled up over the fascia lata and Poupart's ligament, which was diagnosticated as a femoral hernia. It was firm, unyielding, slightly tender on pressure, and irreducible. Ice was applied to it, and an enema of starch and laudanum (one drachm) was administered, with the effect of quieting the colicky pains, although vomiting continued. At 8, A.M., patient was etherized and the taxis renewed, but without avail. She was then allowed to return to consciousness, in order that her friends, who lived at a distance, might be consulted with reference to an operation. Their consent having been given, at 5, P.M., the patient was again etherized, and an incision made from a point an inch anterior to, and a half inch below, the anterior superior spinous process, and carried parallel with Poupart's ligament to within half an inch of the spine of the pubes, and joining this another perpendicular incision from the superior border of the tumor, about two inches long. The flaps were then everted and the subjacent tissues divided, the scissors being used, when practicable, in preference to the scalpel, and the hernial sac exposed, which contained both omentum and intestine. An attempt was made to liberate the sac by incising the falciform process and the fascia lata so as to enlarge the saphenous opening. This proving insufficient, a few fibres of Gimbernat's ligament were divided and another effort made at reduction, which was only partially successful. The sac was then freely opened. About two ounces of serous fluid, slightly tinged with blood, escaped. This exposed some apparently healthy omentum and a large knuckle of intestine, between which and the sac were some adhesions which it was necessary to separate. The bowel was then gradually returned, and also, though with some difficulty, the omentum and a portion of the sac. The wound was then closed by the interrupted suture, the most depending portion being left open for the escape of pus; water dressing and compress applied. On her return to consciousness, ammonia and opium (two grains) were administered. Pulse 88. Heat 99. Respiration normal, and so continued till the 7th. 9.30, P.M.—No nausea, but regurgitation of yellowish fluid from the stomach; thirst. Ordered small pieces of ice and iced black tea, with milk and sugar, in teaspoonful doses.

Sept. 2d, 8.30, A.M.—Passed a comfortable night. Pulse 92; heat 100½; thirst; tongue dry; regurgitation continues, without nausea; no urine passed since 3, P.M., yesterday—drawn with catheter; wound looks well; abdomen not tender. Diet and dressings as before; opium (half a grain, p. r. n.). 10, P.M.—Pulse 102; heat 101; has passed urine, natural in color, without pain; no regurgitation since morning; thirst continues.

3d, 8.30, A.M.—Pulse 102, irregular; heat 102; wound somewhat red and swollen—no discharge from it; half the stitches removed; increased thirst. Citric acid in solution ordered; dressing and opium as before. Abdomen tympanitic, but not tender. A liniment of camphorated oil and spirits of turpentine to be applied every two or three hours. 10, P.M.—Pulse 112; heat 101; has passed, per rectum, large quantities of fœtid gas; abdomen less tympanitic; thirst relieved by citric acid; no appetite since operation, except for tea; wound inflamed.

4th.—Pulse 104; heat 102; passed a restless night; wound dry; surrounding parts swollen and attacked with erysipelatous inflammation. All the stitches removed, tincture of iodine applied and the parts fomented with infusion of chamomile flowers and alcohol (four ounces of the latter to one pint of the former). Continue opium pills and terebinthine liniment. Beef-tea freely, arrow-root porridge and black tea. 10, P.M.—Pulse 112; heat 100½; wound discharging; pus offensive.

5th.—Pulse 102; heat 100½; abdomen soft; wound more healthy and closing; purulent discharge less offensive. Discontinue opium.

6th, A.M.—Passed a disturbed night. Pulse 102, feeble; heat 98½; bowels moved freely without pain; feels very weak; abdomen nearly natural; wound discharging laudable pus and rapidly closing. Continue fomentations; beef-tea, wine whey and black tea. No opium. 10, P.M.—Restless. Bowels have moved twice—second dejection rather loose; urine high colored, and scalds a little; constant inclination to go to stool; tongue dry; some appetite; has eaten a slice of brick-loaf, with tea. Continue diet and fomentations. ℞. Opii pulv., ipecac. pulv., āā gr. i. M. Ft. pil. No. i. cap. statim.

7th.—Pulse 94; heat 100. This morning, threw up beef-tea, probably in consequence of having taken opium. Relished breakfast of tea and toast, subsequently.

16th.—Patient has steadily improved since last record. Can sit up for a short time, a compress and bandage being applied. Wound nearly healed.

This case illustrates two important principles which, experience has taught, should govern the practitioner in the management of strangulated hernia, and which, notwithstanding the fact that they are so obvious and well established, it can do no harm to reiterate: 1st, prolonged and forcible taxis is never justifiable; 2d, an operation should be resorted to as soon as it is evident that the bowel cannot be returned by gentle manipulation. The favorable result obtained in the present instance is in striking contrast to the unfortunate termination of a similar case which occurred in my practice about a year since.

Mrs. G., æt. 34, had femoral hernia on the right side for several years, during which she had worn a truss in the daytime. On rising one morning in July, 1866, the bowel came down, and she found herself unable to return it. Repeated and forcible attempts at reduction were made by herself during the ensuing twenty-four hours, but without avail. The next morning her family physician was sent for, who, failing to reduce the rupture, called me in consultation. An operation was advised and skilfully performed by Dr. G. H. Gay, too late, however, to save the patient. Sphacelus of the strangulated portion of the intestine was found to have already taken place. The patient died within forty-eight hours.

Another instance has come to my knowledge in which rupture of the intestine was produced by the violent efforts made by the physician in attendance. An operation was, however, attempted, but, on making the primary incisions, the subjacent tissues were found infiltrated with fæcal matter.

It is needless to state that in the present case the taxis employed was moderate, and was discontinued as soon as it appeared that the hernia was irreducible.

VACCINATION CICATRICES AND RE-VACCINATION.

By Chales E. Buckingham, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Interested as every one in the community is in the question which has lately been opened in the Journal, there are many in the profession who ask for more light. Each one who asks should be willing to contribute his own share to clear up the darkness, although he may run the risk of imparting a little shade. Being away from home, and far from well, I have no records by me from which to add to the statistical account. The papers of Dr. Cotting and Dr. Seaverns I have read with interest, and it is to be hoped that any other man who has an opinion at variance with the majority, will be willing to express it, and his reasons, if he has any. One is often compelled to hold such opinions, without being able to tell why, and results not infrequently show that he is right.

The severe personalities in the Journal of Sept. 19th, I must make up my mind to come in for a share of, when I say that there are points in the article of August 29th which seem as yet neither proved nor disproved; and that the two extracts which served as texts for that article, show only that medical men differ from other medical men.

The statistics in neither article are enough to prove anything, if taken alone; and unless we know the collector, and whether he has or has not a point to gain, we are obliged to go over his whole work. I have several statements to make, and expect that a few only will agree with me. 1st. I have vaccinated those who have never been vaccinated before, and who never had had variola, and with failure for the result. I have repeated the vaccination from the second (2d) week after birth, at various intervals, up to more than ten (10) times, and in one case over twenty (20) times without success; the result sometimes being a little soreness of the skin, sometimes severe soreness, sometimes even without any apparent irritation. The matter used in these cases has been good, if the fact that a portion of the same used successfully upon other arms be allowed as evidence. 2d. I have been led to question, whether the disease may not have taken the first time that some of these were vaccinated, and whether they may not have had vaccinia without vesicles; as many believe that their patients have had scarlatina without eruption, and measles without catarrh, and have been afterwards exposed over and over again, without apparently being able to have those diseases. There is, perhaps, no one symptom which must exist in every case of another disease. Why not in vaccinia? I believe I have seen variola without eruption. 3d. I have seen virus, taken from the same arm and introduced into two others, produce in the one case the most perfect, round, umbilicated vesicle, which without severity went through its regular stages; and, in the other, a state of general constitutional irritation, ending in suppuration, without the first sign of vesicle. 4th. I have known two cases of re-vaccination to terminate fatally. One of these must be fresh in the memory of physicians of twenty years' standing in Boston, on account of the criticisms made at that time. Yet it is well known that the gentleman in whose practice it occurred was a most cautious practitioner, and that, according to his account, the same virus did its work well in other cases. No physician for a moment doubted his statement. The second case was one which came into my own hands, vaccinated by a physician out of town, and the minutes of which, I think, were published some years ago. 5th. I always hesitate about re-vaccinating an adult more than about re-vaccinating a child, because I more often have seen severe symptoms follow it in the adult than in the child. 6th. I not infrequently have advised against re-vaccination, because of the severe symptoms often following when good virus had been used. 7th. If not susceptible of vaccinia, I believe that the thorough introduction of its virus into one man's arm will produce no effect; if introduced into another's arm, it may act as an animal poison and pyæmia may follow. 8th. It is not improbable, in my estimation, that the state of the patients' systems may explain many of the deaths following vaccination in rebel prisons. 9th. I have seen perfectly normal-looking vesicles followed by cicatrices both large and "small, circular (and irregular), marked with radiations and indentations" (Tweedie), and these afterwards reduced to the "miserable, flat, white specks," and have been unable to produce, in the possessors of these specks, anything but sore arms and headaches by re-vaccination. 10th. The history of vaccination for twenty years past in foreign armies is not enough to prove the success, or necessity, or impropriety of re-vaccination, any more than twenty years' absence of spotted fever in Boston, or than the successful result of quinine treatment of erysipelas and puerperal fever at the South Boston Almshouse is enough to prove anything.

It is to be hoped that gentlemen who have been unfortunate with the results of primary or secondary vaccination will be willing to give the profession their experience. No one should fear criticism of the honest practice which he has followed, and the community as well as the profession would be benefited by the publication of unfortunate results.

CONTRIBUTIONS TO MATERIA MEDICA AND THERAPEUTICS.

By John P. Mettauer, A.M., M.D., LL.D., Prince Edward C. H., Virginia.

[Communicated for the Boston Medical and Surgical Journal.]

Psoralea Eglandulosa of Elliot; and Melilotoides of Michaud. Congo Root, Bob's Root and Samson's Snake-root.

This plant belongs to the Leguminose family; and derives its name from the Greek *Psoralios*, scabiosus, scurvy, the appearance of the calyx. Its calyx is campanulate, five-toothed, sprinkled with glandular dots, lower segments a little the longest. Stamens, diadelphous. Legume indehiscent, one-seeded, slightly beaked, as long as the calyx. These are the general characters of this family.

The variety now under examination, termed Eglandulosa, is distinguished as follows. Stamen pubescent. Leaves trifoliate, leaflets oblong-lanceolate. Flowers in oblong spikes. Bracts broad, lanceolate, acuminate. Calyx very villous. Legume nearly orbicular, with transverse wrinkles. Purple. Dry soils. One to two feet high. Flowers in May and June.

The root, which is of the fusiform description, is the part of this plant possessing its most active medicinal properties, rarely exceeds in size the little finger of an adult, but is generally much smaller, and when dry is of a light brown color, corrugated on its surface, and slightly but pleasantly aromatic. Its interior is somewhat woody, with considerable farinaceous matter interspersed, which renders the root exceedingly liable to the depredations of small worms. In taste it is slightly bitter, pungent, and aromatic; when chewed, imparting rather a pleasant than disagreeable impression to the tongue.

The leaves also, when chewed, impart a slight bitter, warm, pungent, aromatic taste, very little inferior to that of the root. Water, cold or hot, readily extracts the properties of the root and leaves, but they are most perfectly yielded to spirituous menstrua. Cold and hot infusions, or teas, and tinctures, are the only forms now in use for the employment of this agent. As far as the writer is informed, it has never been administered in substance.

The proper season for collecting this root is while the plant is in bloom, which in middle Virginia is from the first of June to the 15th of July. As the roots are dug up they should be carefully washed, and then dried in the shade. To prevent the depredations of worms, the roots should be placed in the sun for a few days after they are perfectly dry, or exposed to the heat of an oven about the temperature of 120° Fah. for half an hour.

As a therapeutical agent, the Psoralea is unequivocally a gentle stimulating tonic, seeming to exert also moderate nervine effects, very similar to those produced by black or green tea. In a peculiar manner it is applicable to the sub-acute irritations of the mucous membrane of the stomach and intestines (especially when that state has involved the mesenteric glands in some degree), attended with diarrhœa. It has been employed with great benefit in the chronic diseases of the bowels of the black population of the South, termed by that unfortunate race "Poison," the most prominent of the symptoms of which disease are diarrhœa, emaciation, want of appetite, an exceedingly dry and husky skin, hectiform fever, thirst, a heavily coated or preternaturally clean tongue, sunken eyes with remarkable whiteness of the conjunctiva, low spirits, great debility. A peculiar bleaching of the skin is noticed after the disease has continued some time, more particularly observable about the extremities of the fingers and cheeks. There is frequently cough. The pulse is generally accelerated, small, and more or less firm.

The irritation of the mucous membrane of the intestines and stomach very certainly involves the serous surfaces of those organs, as well as those of the thoracic contents and cavity if it continues long. And in a majority of instances the glands of the mesentery suffer sooner or later. Many of these cases, if permitted to run their course, end in dropsy of the abdominal and thoracic cavities, complicated with tuberculosis of their respective serous linings, suppuration of the glands of the mesentery, and phthisis pulmonalis.

In this affection the psoralea has been found eminently serviceable used in the form of tincture, of which there are several formulæ in use, especially the simple and compound. The simple tincture is formed of the root beaten into a coarse powder, or bruised according to the annexed formulæ. (No. 1.)—℞. Psoral. eglandul. contus., ℥ iv.; alcohol. dilut., ℔j.; digest for fourteen days. Dose from f ʒ iii. to f ʒ vi. (No. 2.)—℞. Psoral. eglandul. rad. contus., ℥ iv.; gillen. trifol. rad. contus., ʒ iii.; apocyn. androsæmifol. contus., ℥ ss.; anthem. nob. flor., ʒ ij.; alcohol. dilut. or French brandy, ℔j.; digest fourteen days. Dose, f ℥ ss. to f ℥ ii. Of this (No. 1) from three to six drachms may be taken three times daily in a gill of the tea of green willow twigs, or in a like quantity of the tea of freshly gathered leaves of misletoe—viscus flavescens—used cool.

This tincture is best suited to cases attended with great debility, diarrhœa, emaciation, and loss of appetite, and when judiciously timed is followed by the best effects. Its action is tonic, seeming very speedily to increase the strength of the patient, as well as to restrain the diarrhœa and improve the appetite. The willow boughs tea, as the vehicle, is particularly adapted to the diarrhœal state by reason of its astringent qualities, while that of the misletoe is better suited to cases attended with nervousness and diminished urinary secretion.

The compound aromatic tincture is applicable to cases of the disease, attended with a cool, dry skin, as well as debility, and a cough with purulent expectoration, diarrhœa, foul tongue without thirst. ℞. Psoral. eglandul. contus. rad., ℥ iv.; canel. alb. cort. contus., ℥ iss.; panax. quinquefol. rad. contus., ℥ iii.; cort. aurant. exsicc., ℥ ii.; gillen. trifol. rad. contus., ℥ iii.; alcohol. dilut. or French brandy, f℔j.; digest fourteen days. Dose ℥ i. to ℥ iii. Its action as a tonic and diaphoretic very soon restores, or improves the strength of the patient, as well as re-excites the secretory function of the skin, liver, and kidneys. In either case, should the bowels become torpid, or actually constipated, moderate quantities of the dry root of apocynum and rosæmifolium—dog's bane, or silk-weed—

may be added to this tincture also. This, if properly dosed, will meet the indication most pleasantly.

The psoralea is also valuable in some of the forms of dyspepsia, especially the examples attended with nausea and vomiting after meals. In these cases, in many instances, simply chewing the dry root immediately after a meal, and swallowing the medicated saliva, will prevent the nausea and vomiting almost invariably; and if daily used in this manner, it will speedily and certainly correct the gastric disorder upon which they depend. The simple tincture may also be employed in this affection when ardent spirit is not objectionable. Even an infusion or tea of the root, or herb, may be beneficially used in such cases, especially when spirit is deemed inadmissible. The writer has been informed of some very remarkable recoveries from dyspepsia of long standing during the employment of this unpretending and apparently simple remedy; and, from his experience with it, he regards it as one of our most valuable remedies when tonics are demanded in this afflictive disease. Future observations and trials may lead physicians hereafter to claim a more important position for it in the materia medica as a tonic, to which class of remedies it undoubtedly belongs.

The unripe fruit of the Persimmon—Diospyros Virginiana—has now been in use nearly thirty years, and its therapeutical value as an astringent has been fully established. In a vast number of instances it has been found eminently beneficial in the treatment of cholera infantum, the disease which first led to its employment as a therapeutical agent in 1837—as well as in ordinary diarrhœa both of children and adults. It has also been found highly beneficial in menorrhagic and other forms of uterine hæmorrhage unattended with fever. In many of these cases the astringents usually resorted to become so offensive to the stomach as to demand their discontinuance. Even opium, now and then, proves irritating to the stomach, and cannot be used. In these examples the tincture of the diospyros, taken in doses of two to four drachms properly diluted, three, four, or five times during the day, rarely fails to restrain the hæmorrhage, and without causing the slightest gastric disturbance. It is peculiarly adapted to the treatment of uterine hæmorrhage, so apt to appear about the period of the cessation of the catamenia, in which cases nausea and vomiting frequently occur, and render the use of ordinary styptics offensive to the stomach in its treatment.

In some cases of subacute gleet, spermatorrhœa, leucorrhœa, cystorrhœa, bronchorrhœa, and coryza, the green fruit of the diospyros has also been found eminently beneficial. In these affections the writer has used the remedy in combination with such therapeutical agents as are known to exert curative effects with them, especially diaphoretics, diuretics, expectorants and emmenagogues. And he has employed the tincture and syrup indiscriminately, yet he believes the latter is best adapted to gleet, bronchorrhœa and coryza. The tincture is best suited to uterine hæmorrhage, diarrhœa and leucorrhœa, but the syrup may often be employed very beneficially in those affections likewise, especially when the spirituous menstruum would be objectionable, as will sometimes be the case.

In some instances much benefit has been derived by combining the diospyros with tonics, especially when any of the affections which have been enumerated are attended with debility as well as laxity of the implicated organs. The combination of it with the balsam in gleet of long standing often puts an immediate stop to the discharge, after having employed that remedy for a length of time without benefit.

As a vermifuge its powers are by no means inconsiderable. Combined with syrup of rhubarb, and given in doses sufficient merely to increase the daily evacuations moderately from the bowels, it often proves decidedly beneficial as an anthelmintic. This combination the writer has been in the habit of employing for many years in verminous cases, and generally with satisfactory results; and it is his mode of using the remedy in the diarrhœa of young children. Indeed, the vermifuge effects of the diospyros were first discovered while employing it with the syrup of rhubarb in cases of diarrhœa in children. The remedy may be administered night and morning, regulating the quantity of the syrup of rhubarb so as to exert very gentle cathartic effects.

In asthma of subacute character, attended with copious discharges of mucus, the remedy is exceedingly valuable, combined with other remedies usually prescribed in that distressing affection. In combination with the syrup or tincture of lobelia inflata, and of squill, it constitutes a most valuable remedy. It both relieves cough and restrains the mucous discharges which so often accompany the disease. If the cough persist, the addition of suitable quantities of black drop may be employed with it, especially at night. This form of using the diospyros the writer has often resorted to in humid asthma, and generally with gratifying results.

The purity of the astringent principle in the unripe fruit of diospyros renders it safe in many cases of laxity in which inflammation exists, which would forbid astringents less pure and irritating. In many instances, laxity of the mucous membrane of the stomach, bowels, vagina, bladder, nose and mouth is of an acute character, and demands astringents for its correction; but the agents in general use are inadmissible because of the exciting qualities contained by them in combination with the astringent constituent. These are the examples in which the diospyros can be safely employed, either in the form of syrup or infusion. In fever it can be safely resorted to when the diarrhœa is rapidly exhausting the strength of the patient, without disturbing the course of the febrile reaction injuriously, or endangering the gastro-enteritic mucous lining from inflammation. Even in dysentery, when astringents are likely to prove beneficial, in the absence of acute symptoms, it can be safely used when other astringents would prove irritating and hurtful.

[To be concluded.]

ANÆSTHESIA—NEW RESEARCHES, STATISTICAL AND CHEMICAL, CONFIRMING THE DUTY TO USE ETHER INSTEAD OF CHLOROFORM.

By J. E. Petrequin, Ex-Surgeon-in-chief of the Hotel Dieu at Lyons, &c. &c.

[Translated and abridged from the French in *L'Union Médicale*, for the Boston Medical and Surgical Journal, by B. E. Cotting, M.D. of Roxbury.]

The choice between ether and chloroform for anæsthetical purposes must rest upon experience. In the history of the two, ether has made notable progress—both in methods of administration and in purification. Complete anæsthesia can be produced by it with certainty and safety. It is not so with chloroform! No method of administration has removed its dangers, and no purification of the agent has secured safety. In fact, it has not made progress in either respect, and still continues year by year to furnish its numbers of victims.

Inasmuch, therefore, as ether is equally effective in all cases, and has not the dangers of chloroform, it is, in strict logic, an imperative duty to use ether instead of chloroform as an anæsthetic.

This conclusion, apparently incontrovertible, has been attacked by a distinguished surgeon, who declares that "pure chloroform, properly administered, never kills." Now this is a mere assertion, which cannot stand in the face of known facts. And, first, when among those who have met with mishaps we find names prominent in science, for example, MM. Robert, Manec, Marjolin, Richet, Fano, Jarjavay, &c., in Paris; MM. Barrier and Bonnet, to say nothing of other colleagues, in Lyons; M. Languebeck, in Germany; MM. Lawrence, Gore, Lane, Bryant, &c., in England; who will dare to say that these men did not know how to administer chloroform? Are not these names in themselves a demonstration that there is no foundation for the pretended infallibility of the rules for its administration? Then, again, secondly, it will not do to assert that every accident presupposes *impurity*, without telling us in what the impurity consists. For, on the contrary, where accidents have happened, time and again, as in instances we cite,* the chloroform has been analyzed by most eminent chemists and found perfectly pure.

Thus then, on the one hand, it has not been shown that the presence of extraneous matters in chloroform has been the cause of death; while, on the other, it has been proved that its perfect purification has not in any degree diminished such catastrophes.

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* In order to condense this paper, the citations in the original are omitted in the translation, and the conclusions only given. In one diastrous case, however, chemical analysis demonstrated the purity of the chloroform, which had been taken from a flask used successfully but a few moments before by a young girl.

Thus much established, nothing will better complete the parallel between ether and chloroform, or better determine the choice which ought to be made between them, than a comparative examination of the impurities they are each likely to contain, and their liability to produce disaster.

To begin with ether: it is well known that ether is the product of the reaction of sulphuric acid upon alcohol. Its principal impurities arise in the process itself. Thus ether may contain water, hydrated alcohol, heavy oil of wine, empyreumatic oils, sulphurous acid, and, at times, a trace of sulphuric acid, &c. The oil of wine may decompose, and give to ether an acid reaction, which has been attributed to sulphurous acid. Air in the flasks containing ether may also, in time, cause further decompositions, as into water and acetic acid. The oil of wine, and, above all, empyreumatic oils and sulphurous acid, take from ether its penetrating and agreeable odor, and its pungent and aromatic taste. Shaken with water, ether makes a turbid mixture if it contains oil of wine or pyrogenous oils. The presence of acetic, sulphurous, and traces of sulphuric acids may be detected by their reddening litmus paper. Sulphurous acid is especially recognizable by its action on the salts of barytes.

To purify ether, let it be washed in water which takes up, or, better, in a weak solution of caustic potash, which saturates all the acids; then distil it over lime from a water-bath, it being so volatile that it passes over first, at 96.5° Fahr., leaving behind the heavy oil of wine, water, hydrated alcohol, and the acids converted into salts by the potash. If below proper standard (63° to 65°, aréomètre de Baumé), it may be submitted to a second distillation.

Thus, as any one may see, there is nothing very deleterious here. These impurities may render etherization laborious, disagreeable, complicated with nausea and nervous excitation, but are not in themselves essentially dangerous. Besides, all these impurities may be removed by washing, and subsequent distillations carried to the required rectification.

To continue the examination comparatively; it is well known that chloroform is the result of the reaction of chlorinated lime on alcohol. Its principal impurities arise in the process itself, and from spontaneous decomposition. It may contain alcohol, chlorous water, hypochlorous and chlorohydric acids, ether, hydrocarbonated oils, aldehyd, fixed substances, &c.

To obtain chloroform pure, MM. Pelouse and Frémy (*Traité de Chimie*, t. v., 1865) state that it is sufficient to wash it in water, and distil with a water-bath. MM. Barreswill and A. Girard (*Dict. de Chimie Industr.*, t. ii., 1862) first wash the chloroform with water containing carbonate of soda, to remove the chlorine, aldehyd, alcohol, and to saturate the acids. On being allowed to rest, the chloroform separates and sinks to the bottom of the liquid. They then decant, wash anew until it reaches 48° (aréomètre), and then carbonize the oils and organic impurities with sulphuric acid, which is also removed by a final washing; after which they distil the chloroform from a water-bath over a solution of carbonate of soda, to saturate any acids that may have previously escaped removal.

The importance of the question at issue determined M. Pétrequin to institute, with M. Emile Chevalier, a pharmaceutical chemist at Lyons, a series of experiments, of which he gives the detailed results in the *Union.*[*] He concludes :—

Our experiments show that chloroform of commerce does not contain alcohol, ether, chlorine, hydrochloric or hypochlorous acid. It has a little formic and acetic acids, and perhaps a slight trace of aldehyd. As to the compounds of methule, the great dangers of which have been bruited so loudly, we repeat here that as M. Letheby, who called attention to them, himself avows that there are no reagents in chemistry capable of detecting such compounds, it is prudent to wait before final decision. Besides, a double washing is sufficient to remove them, if present.

In conclusion, it is evident that the danger lies in chloroform itself. If it kills, it is not because it is impure; *it is because it is in its nature a poison*—a fact shown unquestionably in experiments upon animals, as well as in human pathology.

In the actual state of science, then, the only way to avoid the censure of society, to secure the protection of justice, and, above all, to remain at peace with one's own conscience, is to discard forever a dangerous agent, which, every time that it is used, puts at hazard the fearful question of life or death.[†]

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 174.]

If the face is the seat of the eruption, it may perhaps be impracticable to employ lotions with the same freedom as when the head is the locality affected, and our chief reliance must be upon ointments. But whether lotions or ointments are to be employed, those which have been suggested for the treatment of the complaint when developed upon the head of a young child, are equally important and valuable in our attempts to cure the same affection when it occurs on the face or any other region.

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[*] Omitted in the translation for sake of brevity ; so, also, statistics of casualties, more than two hundred, afterwards enumerated by the author.

[†] Appropriate to our subject are the memorable words of M. Amédée Latour :—" In face of disasters constantly accumulating, in presence of desolating fatalities increasing in number day by day, is it allowable to remain inflexible in positions, heretofore reasonable perhaps, *but which events too sad and numerous now require us to modify ?* What is a position, be it ever so legitimate, compared with the life of the most insignificant of men ? And is it not the absolute and supreme respect for human life which gives grandeur and dignity to our art ?"

Treatment of Impetigo in the Adult.

When this eruption makes its appearance on any portion of the cutaneous investment of an individual who has arrived at maturity, it is in most instances a much more intractable disease to manage successfully than in patients only a few months or a few years old. The causes that give rise to it and perpetuate it in the adult are sometimes a little obscure in individual cases; or if apparent, it is not always an easy matter to remove or overcome them. The habits or employment and other surroundings of the patient may be so entirely antagonistic to good health, and withal so steadfastly fixed, that the physician in consultation encounters at the very threshold of his endeavors, obstacles of no mean weight and power which stand in the way of success. But as regards these impediments there is no door of escape. They are to be endured; and the physician is expected to proceed and to cure, or peradventure forfeit the confidence of the patient and his numerous sympathizing friends. With these possible circumstances in view, let us consider the best means of cure.

The condition of the system generally is the first thing to be ascertained; and if there is any irregularity in the functions of any of the internal organs, these are to receive attention, and then the way is prepared to make a direct attack upon the cutaneous lesion.

In very many cases that present themselves, the eruption is quite limited in extent and is chronic, and the sides of the face seem, as if by preference, to be the parts most frequently implicated. If the local inflammation is mild, and the patient otherwise in good health, there is no objection to the immediate use of some arsenical preparation internally. For this purpose the choice may be Fowler's solution, at the rate of twelve minims a day, or one Asiatic pill a day for three or four weeks, unless some gastric disturbance is produced by the mineral. After its employment for the time above mentioned, it should be taken in the same quantities every other day only, and in this way continued for six or eight weeks longer. It will be good practice to combine the internal administration of cod-liver oil with the arsenic. A common tablespoonful two or three times each day will ordinarily agree well with the patient and promote his recovery.

With regard to diet, no special care is requisite other than to have the patient live on good, substantial food. Nothing can be gained in any case by a starvation plan in the daily allowance of food. Stimulating drinks, of course, are to be prohibited. If the patient's health is below a fair standard, it will be advisable to prescribe for him some ferruginous preparation, such as the judgment of the practitioner may prefer. The tincture of the chloride of iron is our choice, then the citrate of iron and quinine, tartrate of iron and potassium, or mistura ferri composita, the latter in pretty large quantities if anæmia decidedly exist.

The liquor hydriodatis hydrargyri et arsenici (Donovan's solution) is recommended by some authorities; but it is an exceedingly potential agent, and is not very uniform in its effects, nor yet manageable, and will seldom act in a way to warrant its employment for any length of time. After a few doses of only a few drops each, the stomach is apt to manifest great repugnance to its presence, and its use has to be abandoned. Such, at least, has been our experience with it.

If the complaint originates in a venereal diathesis, as is but too often the fact, it may be expedient to administer minute quantities of the bichloride of mercury in conjunction with the iodide of potassium for several weeks, or the mercury may be alternated with some of the preparations of iron, or with some of the mineral acids.

Local Treatment.—Whatever part is affected, ointments of different kinds are the chief local means to be employed. Of these are several which stand about on an equality with each other. If the case is an ordinary one, and not attended with a great amount of inflammation and pain, the nitric oxide of mercury ointment may be applied. ℞. Hydrargyri oxidi rubri, ℈ i.; pulveris camphoræ, ℈ ss.; glycerinæ, ʒ i.; unguenti benzoati, ℥ ij. M. The diseased surface is to be kept constantly covered with a portion of this ointment, which should be renewed three or four times in the twenty-four hours.

In the chronic stages of the eruption, good results will follow the frequent use of a local steam-bath, which can be administered by the patient himself by means of a wash-bowl of hot water and a napkin. Let some eighteen or twenty minutes be devoted to this procedure, and the oftener it is repeated the greater will be the benefit. It will keep the diseased surface free from incrustations, and will also greatly tend to diminish the local engorgement of the capillaries and equalize the circulation in these vessels. In the earlier stages of the complaint, and while the inflammation is at a high point, this remedy is not beneficial.

The oxide of lead is a valuable discutient application in old cases, where there is a good deal of thickening and infiltration of the integument, and more especially if there is chronic glandular swellings in the cervical region; and it is appropriate for individuals of all ages. ℞. Plumbi iodidi, ʒ ij.; pulveris camphoræ, ℈ ss.; unguenti simplicis, ℥ ij. M. The iodide of sulphur is an ingredient of well-known efficacy in the local treatment of this eruption. The following is a suitable formula:—℞. Sulphuris iodidi, ℈ i.; pulveris camphoræ, ℈ ss.; olei bergamotæ, gtt. x.; unguenti simplicis, ℥ ij. M. There is another preparation of sulphur which is entitled to confi-ence. It has for many years borne the test of a large experience almost every medical man's practice in this country; and in presenting it in this connection we bring to mind an encomium once passed upon it in our hearing by an eminent surgeon, who, speaking of it as a local remedy, said that "it would cure anything." The formula is as follows:—℞. Pulveris ammoniæ chloridi, ʒ i.; olei camphorati, ʒ i.; glycerinæ, ʒ ij.–iij.; sulphuris sublimati, unguenti simplicis, āā ℥ i. M. The quantity of glycerine can be varied at pleasure, according to the desired consistence of the ointment. The ammonia should be reduced to an impalpable powder before being mixed with the other ingredients. This preparation is particularly adapted to the disease when it is in a chronic state and situated on the face or head.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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MEDICAL EDUCATION—CIRCULAR TO MEDICAL COLLEGES.

Our readers will remember that at the Convention of Delegates from American Medical Colleges, held in Cincinnati just before the last annual meeting of the American Medical Association, a series of resolutions was adopted, after considerable discussion, which proposed very important and radical changes in the system of instruction generally followed by our medical schools. We printed the resolutions at the time, and commented favorably upon some of their features. The Committee do not propose to rest from their labors after securing the passage of these resolutions, thus giving expression to their opinions merely on this important subject, but they have taken steps to secure, if possible, some definite action in accordance with these suggestions, on the part of the medical schools of this country. Accordingly, they have addressed a circular to the Faculties of these schools, containing the resolutions in question, accompanied by some explanatory remarks, and asking for immediate, and, if possible, harmonious action in the premises. In order to present the subject fairly to our readers, we re-print the resolutions as they appear in the circular:—

Resolved, 1st. That every student applying for matriculation in a medical college shall be required to show, either by satisfactory certificate, or by direct examination by a committee of the Faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented, or the result of the examination thus required, be regularly filed as a part of the records of each medical college.

2d. That every medical student shall be required to study four full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3d. That the minimum duration of a regular annual lecture term, or course of medical college instruction, shall be six calendar months.

4th. That every medical college shall embrace in its curriculum the following branches, to be taught by not less than nine professors, viz.:—

Descriptive Anatomy, including dissections; Physiology and Histology; Inorganic Chemistry; Materia Medica; Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy and Public Hygiene; Surgical Anatomy and Operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine; Practice of Surgery; Obstetrics and Diseases of Women and Children; Clinical Medicine and Clinical Surgery; and that these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.

The first, or *Freshmen series*, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry and Materia Medica. To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second, or *Junior series*, shall embrace Organic Chemistry and Toxicology; General Pathology, Pathological Anatomy, Therapeutics and Public Hygiene; Surgical Anatomy and Operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

The third, or *Senior series*, shall embrace Practical Medicine; Practical Surgery; Obstetrics and Diseases peculiar to Women and Children; with Clinical Medicine and Clinical Surgery in a hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination for the degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior and senior classes each pursue their studies simultaneously throughout the collegiate year in all our literary colleges.

5th. That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session, or of the attendance of the student, a certificate specifying the time and the courses of instruction actually attended, should be given, and such certificate *only* should be received by other colleges as evidence of such attendance.

On the great importance of a primary education before matriculation in our medical schools, we strongly insisted in an article in this JOURNAL some time since, as the only barrier which can be erected to keep out obviously unfit and incompetent persons from the brotherhood of physicians. It is our impression that there has been a gradually increasing laxity in this important matter, and the result has been greatly to reduce the standard of preliminary qualification which ought to be exacted of every one who enters the profession of medicine with any other ambition than to make it a mere trade. Such laxity, we know, is in accordance with the spirit of the age, and therefore there is all the more need that established and respected medical institutions should do their utmost to resist the current, and by a wise conservatism show that they deserve the confidence of the community as disinterested protectors of some of its most vital interests.

The suggestion of the second resolution seems to be made necessary if the plan of the fourth is adopted in all of its details. No one can doubt that a year added to the term of study which has heretofore been considered sufficient would be a most important gain to the student. As it is, numbers of graduates of American schools add to the three years of study here several more in the leading schools of Europe, and find this delay in commencing practice made up to them in tenfold measure by the superior fitness it gives them. Nevertheless, it is to be remembered that up to the present time the majority of our physicians have begun practice at the end of three years' study, and that there must be a large number of students who will find the added year an almost insuperable bar to their entering the profession at all. We therefore have our doubts of the expediency of requiring, at the present time, one more year of study. We should rather favor, by superior methods of teaching and a more thorough testing of the student's attainments from time to time, a better use of the term of instruction now generally in vogue. And this brings us to the suggestion, which we consider one of the best in these resolutions, that of an annual examination of each student on the studies of the previous year. This, we think, must commend itself to all as a most admirable test of progress, and most excellent for the student; for the ambitious and industrious one, as assurance to him of the amount of his attainments and an encouragement to persevere; to the negligent or over-confident, as showing him his weakness and the danger he incurs of finding himself at the end of his term of study minus a diploma. This provision meets with our most hearty approval.

The fixed distribution of the subjects of study among the different classes of students is another feature in the plan of the above resolutions worthy of general adoption. It is true such a course is to some extent adopted, but there is a want of uniformity certainly in this respect in different schools, and, if we are not mistaken, too much is left to the discretion of the student.

The fifth resolution is a very important one also, but one, we fear, which it would be most difficult to carry into effect. There is a certain spirit of freedom (to call it by its most polite appellation) among medical students as a class, which it will be found most difficult to restrain within the limits which it prescribes. *A priori* there seems no good reason why students of medicine should be exempt from the restrictions which students of other professions are subjected to; and it undoubtedly would be greatly for their advantage in point of acquirements if they could be brought to see the wisdom of such restrictions. The experiment certainly is one worth trying, if it can be attempted with any prospect of success; but medical teachers alone can say what likelihood there is of making it acceptable to their pupils.

The Committee, at the close of their circular, address the following inquiries to the different colleges:—

1st. Do your Faculty, together with the governing authority of your college, approve of the several propositions as a whole?

2d. If you do not approve of the plan of revision as a whole, what changes would you suggest?

3d. If you approve of the plan as a whole, or all of its essential features, will your college be ready to adopt it practically, and issue your annual announcement for the college term of 1868–69 in accordance therewith; provided all the principal medical colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo and Albany) will agree to do the same at the same time?

The circular is signed by the Committee, Drs. N. S. Davis, S. D. Gross, George C. Blackman and F. Donaldson. We commend it to the careful conside. ration of our readers.

The Supposed Vegetable Origin of Cholera.—The researches of Professor Hallier, of Jena, and Professor Klob, of Vienna, have revived once more the question of the possible origin of cholera from minute entophytic growths in the intestinal canal and the evacuations of cholera patients. The subject is still undergoing investigation, but enough has already been discovered to quicken the enthusiasm of all earnest inquirers after the truth with regard to this important subject. From an interesting article on the subject in a recent number of the London *Lancet* we quote the following passages:—

Mr. Simon, it will be recollected, drew the attention of the Pathological Society, at one of the May meetings, to the importance of the observations of Professor Klob and Dr. Thomé on the cholera yeast. Since that time Professor Hallier has published the results of his researches in a separate form, and they are embodied in the recently issued report of Mr. Simon. The occurrence of torula-like cells in cholera, and indeed in many different diseases, is no novelty; the interest attaching to Hallier's statements consists in the fact that his cholera fungus is altogether special in origin, in nature, and in behavior, whilst concomitant circumstances lend great probability to his main assertions. * * * Hallier's observations were made in 1866–67 at Berlin and Eberfeld on cholera vomit and stools. The peculiar vegetable elements in the stools consisted of fine filaments, which were found in the upper part of the fluid, and of cyst-like bodies which were highly refractive, of yellowish or brownish color, and which sank to the bottom. The cyst-like bodies contain highly refracting colored spores, which after a time become free by the rupture of the cell-wall. The spores then divide and subdivide, giving rise to collections or little heaps of small cells, and Hallier calls these "colonies" of micrococcus. The smallest cells attach themselves to particles of animal matter, and seem by their growth to lead to their destruction. From the same cells torula forms develop and finally pass into the oïdial stage. In cultivating the fungus in sugar Hallier obtained *mucor* and *penicillium*-like growths; on starch paste the result was much the same, and on muscular tissue the cyst form was more marked; the fungus grown on paste which had been boiled with tartrate of ammonia led to the formation of the cysts in their most perfect condition, and the counterpart of the Urocystis occulta which infests cereals was produced. It is this latter form (urocystis) which Hallier has never been able to produce artificially from oïdial forms of fungus, but only from cholera stools. These facts have led Hallier to believe that this particular form is peculiar to cholera evacuations, and that it is the active agent in the evolution of the disease. From the fact that it requires a high temperature for its development, he believes moreover that the urocystis is not and cannot be acclimatized in Europe, but that it travels in the intestines of cholera patients from India, and finds in summer the necessary temperature for its increase. The fact that it requires the presence of nitrogenized matter for its growth is another interesting point in reference to the well-known influence of water and air poisoned by excrementitious matter in aiding the outbreak of cholera. * * * * * The urocystis is a form of blight common on rice; and Hallier believes that it finds its way to the human intestines from the diseased rice plant. This view of the matter derives interest from the view propounded by Dr. Tytler many years since—that the use of diseased "ergoted" rice induced cholera. Hallier has attempted to experimentalize on this point. He planted rice under conditions similar to those which obtain in India, and watered them with cholera stools. The rootlets of the plants were soon found to be perforated by fungus threads, and the cells of the intercellular spaces became rapidly invaded by "micrococcus" elements, whilst the tissues themselves began to atrophize; but the attempt to obtain the cyst form was unsuccessful. Still the stage anteceding its formation was distinctly reached. The field of experiment open is, in truth, a vast and promising one; and it is to be hoped that some thoroughly scientific work will be at once undertaken in this matter. We must admit, then, that in the intestinal contents in cholera has been found a special form of fungus analogous to that which produces "blight" in rice; and that probably the two may be related with regard to source.

From an interesting note recently received from our "ancient" friend, as he styles himself, Dr. Walter Channing, we print the following extracts:—

The case of dangerous vomiting in pregnancy, in your last number, was read with great pleasure. I have had many such, and found relief and recovery after trying the following:—℞. Aquæ calcis, ℥ij.; cow's milk, ℥vi. M. A teaspoonful every hour. One case was new to me. Mrs. ——, two months pregnant, could swallow meat and keep it down for an hour or more, and then would throw it up as fresh and as solid as when swallowed. She was emaciated, &c. I prescribed the above, and recovery was perfect. * * * * *

I am now writing upon the dangers of the *stage of convalescence* in typhoid. I give seven cases, five of which were fatal. One of them was the case of one "*dear to my heart and near to my blood*"—Rev. Dr. W. E. Channing—in which are discussed some of the most important questions concerning that disease, more especially the stage of *convalescence*. I do not find that this most important subject has been treated by writers on typhoid.

One question considered is this:—How far is rapid recovery from old *constitutional states*, or diseases, a cause of *new* and dangerous disease? My brother's case has a very important bearing on this subject.

The following letter from Dr. Harris with regard to a peculiar disease among the emigrants on board the Minnesota, in New York harbor, appears in the public papers:—

Bureau of Vital Statistics, September 29, 1867.

Permit me to correct a misapprehension concerning the disease that prevailed among the emigrants on the steamer Minnesota, for neither the writer nor Dr. Crane termed it a "plague" or a "dreaded epidemic;" but both of us expressed the opinion that the sickness was not personally contagious. Though the disease was very fatal, it has proved entirely harmless to all the nurses and other persons who have attended the sick. And, in our statement to the Board of Health, we simply gave the reason for not asking that the Minnesota's passengers should be any longer shut up with death.

The Health Officer of the port, and Dr. Bissell, the Medical Officer of the hospital ships, expressed their wish to set the passengers free from quarantine. We stated sufficient reasons for granting permission, and plainly expressed our opinion of the comparative harmlessness of the disease when the sufferers should be set free from the crowded decks. Thorough investigations concerning this sickness are in progress, and the result of what has been ascertained will be laid before the Board of Health, next Thursday. And we will now state that if this sickness should turn out to be the "virulent purple fever" which now prevails in Ireland, the public need not be alarmed, for we are informed by Dr. Mapother, the learned Chief Medical Officer of Dublin, that he has seen "no reason to regard the disease as being communicable." That disease is an endemic which depends upon undiscovered local and atmospheric causes; and as it manifests itself in two forms that are very different in their symptoms and appearance, one of which resembles what he found in the Minnesota's passengers, the writer stated this fact to the Board.

Another form of the disease is known as "cerebro-spinal meningitis," "spotted fever," &c. But the Minnesota's endemic presents some peculiarities that make it inexpedient to pronounce at once upon its whole character. The public can safely trust the care of the disease to the sanitary authorities, and in due time receive a full and satisfactory account of it, as every case is being carefully investigated. The history and essential character of this strange, but non-contagious visitor, are understood, and the facts concerning it will reach the public through the proper channel.

E. Harris, M.D.

Mr. Spencer Wells, the distinguished ovariotomist, has just made a flying visit to this country, returning home by the steamer of the 25th ult. While in New York, he delivered a lecture on Ovariotomy at Bellevue Hospital Medical

College, which was listened to with much attention, and is very highly spoken of. In Boston, he addressed the Boston Society for Medical Improvement on the same subject. There can be no doubt that the practical good sense of his remarks will have a powerful influence on the minds of medical men here, who have been heretofore far from unanimous in regarding this capital operation with approval.

In New York, Mr. Wells was socially entertained by Dr. Fordyce Barker, and in Boston Prof. D. H. Storer gave a number of his professional friends a similar opportunity of becoming personally acquainted with him.

We have received the first number of the *Medical Gazette*, the new medical weekly published in New York, and it makes a very creditable appearance. Its plan is a good one, and we hope it will succeed. The Editor is Dr. Leroy Milton Yale, Physician to the Out-patient Department of Bellevue Hospital.

Another great name is struck from the roll of French physicians. M. Rayer died on the 10th of September of meningeal apoplexy, with which he had been struck on the 8th. One of the most eminent of the survivors of Velpeau, in the words of Ricord, after all the losses which his countrymen have recently sustained they could hardly meet with a greater. At the time of his death he was President of the National Association of French Physicians. Gibert, Jobert, Trousseau, Follin, Velpeau, and now Rayer—what a gap a year has made among the leading medical names in France!

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, September 28th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	38	44	82
Ave. mortality of corresponding weeks for ten years, 1856—1866	45.2	40.7	85.9
Average corrected to increased population - - - -	00	00	94.87
Deaths of persons above 90 - - - - - - -	0	0	0

Errata.—In the last number, page 179, line 19, instead of "extended" read *extruded*.—On page 172, line 5, for "(Sept. 15th)" read *(Sept. 19th)*.

Books Received.—A Dictionary of Medical Terminology, Dental Surgery, and the Collateral Sciences. By Chapin A. Harris, M.D., D D.S. Third Edition.—Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E. Fifth American, from the Fourth London Edition.—A Biennial Retrospect of Medicine and Surgery and their Allied Sciences. By the New Sydenham Society. Lindsay & Blakiston's Philadelphia Edition.

Married,—In Newport, R. I., Sept. 6th, Wm. H. Traver, M.D., to Miss Delia E. Armington, both of Providence, R. I.

Died,—In Hebron, Conn., Sept. 13th, Dr. O. C. White, aged 64 years.

Deaths in Boston for the week ending Saturday noon, Sept. 28th, 82. Males, 38—Females, 44. Abscess, 1—accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 2—bronchitis, 1—burns, 1—cancer, 1—cholera infantum, 10—cirrhosis, 1—consumption, 12—croup, 3—diarrhœa, 4—dropsy, 1—dropsy of the brain, 3—dysentery, 6—scarlet fever, 3—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 4—infantile disease, 2—disease of the liver, 1—marasmus, 2—old age, 3—premature birth, 2—pyæmia, 1—scalded, 1—disease of the spine, 1—unknown, 6.

Under 5 years of age, 42—between 5 and 20 years, 9—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 9. Born in the United States, 58—Ireland, 19—other places, 5.

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A GROUP OF FIVE CASES ILLUSTRATING A PECULIAR PARALYTIC AFFECTION OF THE EXTREMITIES; OCCURRING AT THE CITY HOSPITAL IN THE WINTER OF 1866–67.

Service of J. Baxter Upham, M.D.

[Sent to the Boston Society for Medical Improvement, Aug. 13th, 1867, and reported for the Boston Medical and Surgical Journal by Dr. Charles E. Kemp, House Physician.]

Case I.—J. S., laborer, aged 40, native of Ireland, twelve years in this country, was admitted into hospital Dec. 6th, 1866. Patient, a strong and vigorous man, with no traceable hereditary tendencies to disease; has had no illness since childhood, with the exception of a diarrhœa of ten days in August last; says he never used tobacco; owns to the occasional use of liquor, but not to its abuse; denies ever having been addicted to sexual excesses; no venereal taint discernible.

Present trouble commenced about six weeks previous to entrance, after exposure to wet, cold and great fatigue, beginning with headache and *malaise*, followed by pain and swelling in feet, with numbness and a sensation of "pins and needles from knees to toes." A paralysis both of motion and sensation, coming on slowly and slight in degree, succeeded, while at the same time similar symptoms were observed in the hands, the patient being unable to grasp with firmness or to pick up small objects with his fingers. The muscles of the affected parts were firm and well developed; intellectual faculties undisturbed; sight and hearing normal; bowels tolerably regular; no difficulty in micturition.

Symptoms on admission:—Countenance natural; decubitus mostly dorsal; surface of skin normal; respiration 16, easy and regular; pulse 56; appetite good; digestion unimpaired; tongue moist, without coat. The patient makes no complaint of pain. His wife entered the hospital at the same time, with precisely similar symptoms appearing on the same day, in the same manner, apparently without cause. A careful inquiry into the hygienic condition of the residence from which these patients came, and the nature of their food and drink, could elicit no satisfactory cause for the attack.

This patient was unable, at the time of entrance, to walk without assistance; the feet were dragged behind him, the toes scraping along the floor at every step. He was put upon regulated diet, with tonics; friction was applied to the hands and feet diligently, morning and evening. The thermo-electric battery was likewise ordered five or ten minutes at a time daily, in quantity sufficient to gently stimulate the muscles of the affected parts.

About a week after entrance, patient began to complain of violent pain in the lower extremities, confined to the feet for the most part, coming on pretty regularly at about 11, P.M., and lasting till three or four in the morning. This continuing for several nights in succession, he was ordered seven grains of quinine in divided doses, so administered as to produce the effect at about the time of the anticipated paroxysm of pain.

Dec. 13th, 1866.—No effect apparently produced upon the pain by the quinine of yesterday. To continue as before.

14th.—Pain in legs last night as before, but not as severe. To continue the treatment.

15th.—No access of pain at the expected time last night. Quinine to be omitted.

16th.—Patient had a return of pain at 11, P.M., preventing sleep; pain confined to legs. In other respects, his general condition much as heretofore. To resume quinine as at first ordered.

18th.—Complains of "heat and heaviness" from knees downwards, with inability to move the ankle-joints; feet and legs warm and moist; grasp of the hands much firmer; tongue a little furred; some tendency to constipation. Ordered pil. rhei comp. in amount sufficient to move the bowels. Quinine and thermo-battery to be continued.

24th.—Patient was able to leave his bed and walk a little about the ward; did not drag the toes as heretofore; no lack of coördination in the muscular movements observable. Sensation more natural in the hands; grasp firmer. Patient thinks the nocturnal pain much diminished under the use of quinine and the battery.

Jan. 5th, 1867.—Patient sitting up. General appearance much improved; grip of hands manifestly improving in power; still some numbness in tips of fingers; walks heavily, but does not drag the feet; appetite good; some pain in legs and feet last night, so much so as at times to interfere with sleep.

Feb. 1st.—Quinine was omitted and iodide of potassium, five grains three times a day, substituted. Functions well performed. Patient improving.

13th.—Less pain than at any time previous; patient can walk about without difficulty, but complains of "stiffness" of ankles in going up stairs. The iodide of potassium had been omitted and quinine resumed, with dry frictions and electricity every other day.

23d.—The patient was so much improved that he thought he was able to go about his usual business, and he was discharged.

Case II.—S. F., horse-car driver, 63 years of age, a native of Maine, entered hospital Jan. 1st, 1867, with paralysis of upper and lower extremities. He appeared a strong, healthy, vigorous man, of firm constitution, with no marked hereditary tendencies. Had pleurisy ten years previously; with that exception has not been ill since boyhood. Uses liquor daily to a moderate amount; in other respects reports his habits to be good.

Nine days before admission, the patient first noticed a sensation of numbness of lower extremities extending from feet to knees, accompanied for two days with a general feeling of debility and malaise. From the nature of his occupation he had been much exposed to wet and cold and changes of weather, and he attributed his illness to influences of this nature. Soon after his attack, he noticed a prickling sensation, not only in his feet and legs, but hands also; a slight paralysis of motion in legs followed. He had some nausea and vomiting, and was obliged to take to his bed.

The patient is now (Jan. 1st) lying helpless on his back, in much depression of mind, with flushed face and restless eyes; pulse 96; respiration 22; no appetite; urgent thirst; tongue thickly loaded with a brownish coat; an offensive breath; bowels constipated—has had no dejection for two days; his urine is passed frequently, and in small quantities; sleeps poorly at night. There is paralysis both of motion and sensation in the hands and feet; muscles of the affected parts firm and natural; reflex action not produced on tickling the soles. Intellect clear.

This patient was ordered a cathartic consisting of ol. ricini ℥ ss., ol. terebinth. ʒ ss., acaciæ mucil. ℥ i.; friction of the extremities with an opiated liniment, and a small dose of sulphate of morphia at night.

Jan. 3d.—Dr. Upham's notes are as follows: grasp of hands equal, but feeble in power; tongue somewhat dry, covered uniformly with a yellowish coat; some thickness of speech; slight injection of the conjunctivæ; sensorium clear; no appetite; much thirst; pulse 96, regular, of moderate strength and volume. To be allowed one ounce of whiskey three times a day, and to drink freely of milk and lime water. He was ordered the thermo-battery in like manner with the patient first named.

4th.—There appears to have been some increase in the grasp of the hands since admission. He can move legs and feet more freely; tongue less dry and a little less furred; appetite somewhat improved. To have chicken broth at dinner.

7th.—His general condition improving, he was put upon the citrate of iron and quinine in doses of two grains three times a day. There being a constant tendency to constipation, he was allowed a daily diet of mush and milk, which seemed very acceptable to him, and the bowels were kept open daily by a mild cathartic. The patient continued from this time daily to improve; his tongue cleaned;

his spirits recovered their elasticity; all the functions were more normally performed; the affected extremities grew daily stronger, and sensation and motion returned. By the 1st of February the patient was able to be up and walking about the wards, and on the 23d of that month was discharged entirely well.

Case III.—W. W., 50 years of age, native of Ireland, was brought into the hospital Dec. 20th, 1866, with paralysis affecting the upper and lower extremities to a degree completely incapacitating him from any exertion. His family history is obscure; he says he had a fever six years ago; takes alcoholic stimulants of all kinds, when he can get them; says, however, that for the past year he has only taken liquor occasionally.

Eight weeks before admission to hospital, he was seized with chills and rigors, followed by nausea and vomiting, with severe headache and pain in bowels; three or four days subsequently he was seen by a physician, who pronounced his case to be one of typhus fever.

The patient's son, a lad of nine years, was seized at the same time with similar symptoms, but entirely recovered in two weeks. Six weeks ago, on recovering from the urgent symptoms of the above-named seizure, the patient first noticed a tingling sensation, as of "pins and needles," in the hands and lower extremities, followed by some numbness and slight paralysis of motion, which increased until he was unable to support himself on his legs, or pick up small objects with his fingers, and this condition remained up to the time of entrance into the ward. He complains also of great weakness and general debility; there is no fever; tongue is clean, rather pale and flabby; appetite poor. Marked wasting of the muscles of the lower extremities. The patient was ordered to be rubbed night and morning with dry flannel and mustard; was put upon good diet, with occasional stimulants, and was ordered to take a pill consisting of two grains of citrate of iron and quinine, three times a day, and to have the thermo-electric battery applied to the extremities for a period of ten or fifteen minutes every other day. The progress of this case was very tedious.

Jan. 18th, 1867.—Dr. Upham's notes continue as follows: Patient complains for the first time of pain in legs from knees downward, more severe at night. He was ordered quinine in sufficient amount to induce cinchonism at about the anticipated period of the attack.

24th.—A little more power in upper extremities; appetite good; tongue clean; bowels regular; general appearance somewhat improved. To continue the iron and quinine, in previous doses, twice daily, with the addition of cod-liver oil in whiskey; dry friction to extremities every day, and battery every other day as heretofore.

March 4th.—Patient able to get out of bed, and to stand with the assistance of chairs. Treatment continued.

31st.—Patient very gradually improving; general condition better; functions well performed; appetite good; sleeps well; can now walk about his bed very feebly with the aid of chairs. At this time he passed into the hands of Dr. Blake, Dr. Upham's successor in the hospital service, and was discharged, July 1st, 1867, much relieved, the patient being able, for three weeks previous to his discharge, to assist in the general duties of the ward.

CASE IV.—H. H., aged 46, born in Ireland, a washerwoman, admitted to hospital Dec. 7th, 1866. No satisfactory family history could be obtained; she had been thirty-seven years in this country, during which time her health had been good. Has had rheumatism, and, six years ago, an attack of pleurisy. The catamenia were suppressed a year since; has had four children; has been for the past eighteen years a widow. Hygienic conditions under which she has resided, poor.

Six weeks ago, while pursuing her usual occupations, she was much exposed to wet and cold, and was soon after attacked with numbness and a prickly sensation in feet, accompanied with coldness in her lower extremities from the knees downwards. On attempting to walk, she noticed that her feet dragged, and experienced in them a sensation of weight and heaviness; since that time the paralysis has gradually increased. At first confined to lower extremities, it extended soon afterwards to the hands. Sensation in the parts appears to be only slightly affected.

The patient is now (Dec. 7th) sitting up, somewhat depressed in spirits; countenance natural; intelligence good; appetite fair; tongue moist, and without coat; pulse 92; urine normal, and passed without difficulty; bowels regular; no tenderness on pressure over any part of vertebral column; patient sleeps poorly at night. The muscles of the affected parts appear to be in their normal condition. She was directed to have a pill consisting of extract of hyoscyamus and camphor, two grains each, at night; dry friction with Cayenne pepper and flannel to hands and feet twice a day, and the thermo-electric battery as in the previous cases.

This patient, while under treatment, had occasional attacks of articular rheumatism, and the paralytic affection being presumably of rheumatic origin, she was treated in accordance with that supposition, but with very unsatisfactory results. Some relief was thought to have been obtained by the persistent exhibition of iodide of potassium, friction to the extremities, electricity being continued meanwhile. The extremital paralysis, at the expiration of three months, began to yield.

March 20th, 1867.—She could walk about the ward without assistance and was improved in her general health, and, on the 29th, was discharged, considerably relieved, but without having regained the normal use of her hands and feet.

CASE V.—H. M., a native of Ireland, 40 years of age, twenty-five years in this country, was brought into hospital Dec. 4th, 1866. Her family history is obscure, but as far as could be ascertained, no hereditary tendencies to disease exist; general health, up to the time of her present illness, excellent; the hygienic influences under which she had lived were of a depressing character.

Her present attack commenced four weeks previous to admission into hospital, after exposure to cold and wet, beginning with coldness, numbness and a prickling sensation in the feet, with occasional heat and pain, which conditions continued, with aggravations, up to the time of her admission as above. There is now paralysis both of sensation and motion, limited to the feet and legs from the knees downwards, and both affected to the same extent. There is also some stiffness and loss of power, but not of sensation, in the hands. The patient is a large, well-formed woman. The symptoms on admission were as follows: Patient now in bed, unable to rise or help herself in any manner; decubitus dorsal; surface natural in temperature, but emitting a peculiar nauseating, typhus-like odor; tongue covered with a light white coat; breath offensive; pulse 120, and very weak and feeble; respiration 22; appetite poor; no difficulty in micturition; bowels habitually constipated; no pain in head or back; no tenderness on pressure over vertebræ; intelligence complete; no reflex motions excited on tickling the soles of the feet; sleeps poorly at night. She was ordered an enema sufficient to move the bowels, and a small dose of morphia at night.

Dec. 5th.—Dr. Upham's notes run thus: Pulse 136, weak, compressible; surface of skin cool and natural; one dejection from the enema; slept well during the night, the first time for several days. She was ordered a good diet, tonics and port wine. Bowels to be kept open by mild cathartics or enemata.

7th.—Patient began to complain greatly of pain in her lower extremities; pulse 128, still weak and compressible.

9th.—Pulse 124, stronger, and of more volume than heretofore; less emanation from body; less fœtor of breath. The thermo-battery was now applied for the first time to both upper and lower extremities, with friction to surface morning and evening.

15th.—Tongue somewhat more furred, especially at base, natural at tip, moist; the patient complains of pain of a paroxysmal nature, with a tendency to periodicity, coming on for the last few nights at about 11, P.M., and preventing sleep; but little appetite; no thirst; pulse 128. One fourth of a grain of sulphate of morphia was directed to be given, by subcutaneous injection, if the distressing pain recurred.

16th.—Tongue somewhat coated this morning; skin more moist; pulse 136. The paroxysm of pain again returned at 10, P.M., lasting till the morning, the subcutaneous injection producing only an evanescent effect. Directed quinine to be given in doses sufficient to induce cinchonism at about the hour of the expected return of pain at night.

17th.—Tongue shows some disposition to clean in patches. Quinine to the extent of seven grains having been taken in the manner directed, the patient felt no return of pain during the night, and this morning is in good spirits and looks better. Complains of want of sensation in hands (in right more particularly than in left); pulse 124. To continue the quinine as above directed.

18th.—No pain in feet and legs last night; excessive tenderness and soreness in the parts complained of; tongue moist and furred in stripes; breath offensive; pulse 124; no dejection for three days. An enema, consisting of ol. ricini ℥ ss., ol. terebinth. ʒ ij., spts. vini gallici ʒ ij. and aquæ tepidæ ℥ viij., to be given immediately.

19th.—Slept from 9, P.M., till 1, A.M. Some pain in legs on waking; one dejection from the enema; tongue a little less furred and of better color. The patient has now, for the first time since entrance, some appetite; much thirst; skin cool and natural; some diaphoresis during the night; expression of countenance better. To continue the treatment. The patient from this time began sensibly but very gradually to improve. On the 20th and 21st, the pulse was 120. The diet was now increased. On the 29th, pulse 116; tongue nearly natural; grasp of the hands sensibly stronger, and the patient mentally much improved.

Jan. 3d, 1867.—Pulse 112.

5th.—Pulse 108; tongue natural; more motion in legs. The patient can now turn to either side without assistance, and raise herself in bed. Sleeps well.

7th.—General appearance better than at any time previous; slept very well; grip of hand increased; tongue clean; pulse 104; some tendency still to constipation. ℞. Pulv. jalapæ co., gr. iv.; confect. sennæ, ʒ i. M. Cap. omni nocte.

14th.—One dejection daily; hands and feet improved, both in sensation and motion.

Feb. 3d.—Pulse 104. Patient improving daily.

10th.—Patient can walk about the ward with an assistant on each side. Pulse 100.

23d.—Patient able to walk about with a cane.

From this time, with occasional drawbacks, the patient continued slowly to improve, and on March 12th was discharged, being at that time able to walk without assistance; all the functions naturally performed; her appetite good, and feeling herself competent to gain a livelihood outside the hospital.

In this case the muscles of the extremities, during the time she was confined to her bed, manifestly wasted and lost their firmness, although not to the extent mentioned in Case III.

The above group of cases is interesting as showing a somewhat novel manifestation of paralysis, appearing without satisfactory cause, in (for the most part) persons of robust constitution and previous good health. The occurrence of severe paroxysmal pain in the lower extremities in three or four of them is somewhat remarkable.

The use of the thermo-electric battery seemed to be of benefit as affording a gentle stimulant to the muscles of the affected parts, taking the place, perhaps, of active exercise, which, in the nature of things, could not be resorted to.

On the whole, an invigorating diet and tonic treatment, with careful attention to the condition of the bowels (which tended to constipation throughout), seemed to be of great service in the treatment of the disease.

In the cases where the wasting of the muscles, above alluded to, was apparent, the improvement was much more tedious and unsatisfactory.

VELPEAU.

Translated from the Gazette des Hopitaux, for the Boston Medical and Surgical Journal.

Armand Louis Marie Alfred Velpeau was born on the 18th of May, 1795, at Brêches, near Tours. His father was a farrier, and had some skill in the veterinary art, and the future Professor of the Faculty of Paris was first brought up to shoe horses. Never, be it said to his praise, did he ignore his humble origin, and he was accustomed to say that he had borrowed from veterinary practice more than one surgical instrument of value.

At the age of 17, he had the good fortune to make the acquaintance of Brétonneau, which decided his future career. His industry and abilities soon caused him to be distinguished among the pupils of the hospital of Tours, and shortly afterwards, when he decided to come to Paris to continue his studies, Brétonneau cordially aided him with advice, letters and money. Years afterwards, in his scanty moments of leisure and social relaxations, Velpeau used to recall with pleasure these episodes of his youth, and acknowledge the kindness and sagacity of that great practitioner, to which we owe two of our most eminent professors, Trousseau and Velpeau, whose fortune it was to begin together their scientific career, and to die within a few days of each other. On his arrival at Paris, with very slender resources, M. Velpeau had not only to struggle against poverty, but what was still worse, with the inconveniences of a preliminary education which was wholly insufficient, not to say entirely wanting. He was scarcely familiar with the first elements of the French language, and as to Latin he only knew the little that a poor village curate could teach him in those days of ignorance.

With these weapons he went to encounter his rivals, all of whom had the advantage of a substantial education and of a more or less comfortable pecuniary condition. But indefatigable industry, the *labor improbus* of the great poet, can overcome all obstacles, and he became successively prosector of anatomy, doctor of medicine, *agrégé* of the Faculty, and finally Professor of Clinical Surgery, after a series of *concours* which filled his judges and even his competitors with astonishment and admiration.

In 1833, he became a member of the Academy of Medicine; ten years later he was elected to the Academy of Sciences, thus crowning his triumphs, for there was nothing left for him to desire. Time will not permit me to notice the successive achievements of his vigorous intellect; I can only allude to the rare qualities which distinguished M. Velpeau, and the different aspects in which he is presented to our admiration and regret.

M. Velpeau was a prolific writer. His three most important works are doubtless his *Surgical Anatomy,* his *Operative Surgery,* and his *Diseases of the Breast.* Passing by the merits of the first two, let me say that the last displays best those characteristics by which he is distinguished as a writer. The style of his previous works is somewhat labored, and occasionally obscure. Here, on the contrary, it is plain and lucid, conveying distinctly, and often with felicity and originality, the author's meaning. It may be truly said that surgical diagnosis had never before been carried to such perfection; and this work, the fruit of the maturity of the illustrious teacher, will always remain one of the monuments of science.

As a lecturer, M. Velpeau was clear, fluent and ready; he was preeminently a *classical* professor. He relied upon his method, and rarely deviated from it. It has been said that he was apt to repeat himself. This undeserved reproach was only made by those who heard him but rarely. On the contrary, his inquisitive and progressive mind often wandered far from the beaten track, and he showed a marked predilection for those of inventive powers. On the application of chloroform to anæsthesia he became, with Roux, one of its most determined and enthusiastic advocates. Long before the brilliant career of micrography was begun, he foresaw its value, and while I was his house-pupil, in 1842, he used to pass hours in study with M. Donné, the only microscopist at that time in France. At a later period he encouraged M. Lebert in his labors, and that indefatigable observer obtained from his wards the greater part of the materials from which he elaborated his *Treatise on Pathological Physiology.* It is true, that a few years later, in a memorable discussion, M. Velpeau felt compelled to oppose what he considered the errors of the microscope, and its encroachments upon clinical medicine; but he had none the less recognized, among the first, the importance of this precious aid to physical diagnosis.

But M. Velpeau especially shone as an orator. Need I remind you of the discussions on lithotrity, tenotomy and the secondary symptoms of syphilis, as among the most brilliant? He was a rough antagonist, justly feared, but always listened to with pleasure. He had not the passionate vehemence of Gerdy, nor the glowing eloquence of Malgaigne; his language was flowing, his phrases often peculiar to himself. His words were stamped with a certain simplicity, mixed with a slight tincture of malice which seldom overshot the mark; his gestures were moderate, his face expressive. He was above all distinguished by a calm, compact logic, cutting like a knife held in a firm hand, and always going straight to the mark. In this respect he acquired more strength from year to year, and it was said of him with much truth, that both as an orator and a writer, he was *indefinitely perfectable.*

His love for the art of surgery amounted to enthusiasm. He visited his hospital with untiring activity, with invariable regularity and punctuality. Summer and winter he was the first in the wards, and his teaching was popular and numerously attended. He was not what is called a brilliant operator, but, thoroughly versed in the study of anatomy, he had a sure hand, and especially that calmness and courage in time of danger which make the great surgeon.

In private life M. Velpeau was kindness itself; affectionate, tender-hearted, and entirely devoted to his friends and his pupils, who on their part manifested towards him a sincere attachment; no master was ever more warmly beloved. In familiar intercourse he was sprightly, witty and sometimes sarcastic, and he excelled in repartee. His generous heart revolted at the idea of injustice; and charlatanry, from whatever source, was odious to him. He instinctively repelled it with all his might, rushing blindly into the contest without calculating the danger, regardless of personal consequences, bent solely on combating error and exposing falsehood. But the victory of truth is often dearly purchased, and few have known how much bitterness was heaped upon him in one of his last contests—that with the notorious *black doctor.* The truth is, the life of M. Velpeau was one long struggle, and is one of the most striking examples of how much labor and perseverance, combined with a firm will and an extraordinary intellect, can achieve; for, starting in the lowest rank of society, he raised himself to the highest dignities to which one of our profession can aspire.

ASCITES ARISING FROM HEPATIC AFFECTION—SECOND PARACENTESIS FOLLOWED BY PERITONITIS—RECOVERY.

Reported in the *Gazeta Medica de Bahia*, June 10th, 1867, by Dr. A. J. de Faria, Professor of Clinical Medicine, &c.

[Translated from the Portuguese for the Boston Medical and Surgical Journal, by B. E. Cotting, M.D., of Roxbury.]

Joseph, an African, free, unmarried, aged 20 years, stone mason, entered the Hospital da Caridade March 11th, 1867. General appearance that of confirmed cachexy. Abdomen, enormously distended, gave undoubted evidence, on percussion, of great peritoneal effusion. There was marked dulness over right hypochondrium; and the liver could, with some difficulty, be felt to project much below the borders of the false ribs. Respiration was decidedly accelerated at the vertices of the lungs, and rather indistinct at the base, where were signs of vesicular congestion. The heart manifested nothing abnormal in its action, except celerity in rhythm, and a slight murmur heard at the base, on the first sound, connected with the alteration of the blood. Pulse feeble and rapid. The inferior extremities were œdematous.

The patient was submitted to the action of drastic purgatives, and diuretics; and took for nourishment, proportionate to the weakened condition of his digestive powers, fowl, bread, and a little wine at dinner.

The effusion had attained to such an amount as to horribly incommode the patient and to deprive him of all sleep and rest, shown likewise in his expression of anguish, so that the operation of paracentesis was at once decided upon, and performed the day following that of his entrance. He was thus relieved of a great portion of the serous accumulation. The continuance of the above-named therapeutic course did not, however, prevent a rapid reproduction of the fluid; and, on the 19th of the same month, a second operation was performed (seven days after the first).

On the 20th, symptoms of acute peritonitis appeared. This was combated with calomel in fractional doses, opium, mercurial frictions, &c. After some days the inflammation yielded; and after that the patient took a diuretic and sudorific mixture, composed of cream of tartar, nitre, and alcoholic tincture of aconite. This he continued until he left the hospital, with the addition of an increased nutritive diet. The pathological phenomena indicated by the general cachexy, as well as the symptoms of hepatic engorgement, disappeared gradually. The effusion never returned; and the patient left the hospital with restored appetite and evident reëstablishment of all the functions of the economy.

To what, in the above case, must be attributed the disappearance all at once of the effusion, and the restoration of the patient? Was it not due, in the main, to the peritoneal inflammation? It seems so; and hence it would appear, by analogy, that the employment of iodine injections *in well ascertained and selected cases* of abdominal effusion ought to be tried as a most efficacious means of arresting the reproduction of the liquid. With us a fear (exaggerated, without doubt) of the consequences of peritoneal inflammation has brought such practice into contempt; while, in desperate cases, when repeated accumulations of liquid day by day augment the cachexy and marasmus, injections, and these alone, may constitute the only means available wherewith to attempt an arrest of the rapid and deadly march of the disease towards its fatal termination.

VIBURNUM PRUNIFOLIUM—(BLACK HAW).

In the November number of this Journal, Dr. D. L. Phares, of Newtonia, Miss., in an article headed "Lines on Indigenous Medicinal Plants," calls attention to the medicinal properties of the black haw.

We are again induced to call the attention of the profession to this comparatively new medicinal agent, that we may give our evidence as further proof of the favorable results claimed for it. Dr. Phares regards the Viburnum as a nervine, antispasmodic, astringent, diuretic, and tonic. He contends that in the nervous disorders incident to pregnancy and uterine troubles, such as cramps, palpitations, spasms, &c., it is a valuable remedy. He adds, "*that it is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise; whether threatened from accidental cause or criminal drugging.*"

Within the past few weeks we have given the above remedy in two cases of threatened miscarriage, and in both with the most satisfactory results. The first case in which we administered it was that of an exceedingly delicate lady, who, fourteen months previously, had miscarried between the fifth and sixth month. For a week or more preceding the administration of this agent, we had persevered in the usual remedies for threatened miscarriage, without accomplishing more than the mitigation of the pains. For twenty-four hours before the use of the Viburnum, it required from one to two teaspoonfuls of the tincture of opium, every six or eight hours, to control the pains. In six hours after the first dose of the Viburnum, the pains were entirely arrested. As an evidence that the cessation was due to this agent, and not a mere coincidence, the infusion of Viburnum, through mistake, was suspended, with a return of the pains, which were again arrested by resuming the remedy. Anodynes, which were required in such large doses before the administration of this new agent, have not been necessary since its use. The case, in every particular, is progressing favorably.

The second case was a lady in her eighth month of pregnancy, who for a week or ten days had been suffering occasional pains, with constant pain in the lumbar region, and cramps in the lower extremities, &c. Anodynes were administered and sinapisms applied to the spine, with only temporary benefit; the pain and other troubles returning as soon as the effect of the remedies subsided. In this condition the infusion of Viburnum was given, which promptly relieved all the trouble. She continues to take the remedy three times a day, and is progressing favorably. Another case similar to the last mentioned, with the addition of neuralgia of the face, was reported to me to-day, by a physician of the city, which was promptly relieved by the infusion of Viburnum.

The form in which we have used the Viburnum has been the infusion, or decoction of the bark. If the symptoms are urgent, we give from one to two ounces every two or three hours until the pain is relieved, then lessen the dose and lengthen the interval according to circumstances. As a preventive, we give an ounce of the infusion three or four times a day.—*Atlanta Medical and Surgical Journal.*

NITRATE OF POTASH IN THE CURE OF INTERMITTENT FEVER.

In the *St. Louis Medical and Surgical Journal*, Amos Sawyer, M.D., of Hillsboro', Illinois, publishes the following formula:—℞. Potassæ nitrat., gr. x.; spts. vini gallici, vel aquæ, f ℥ ss. M. Take immediately. He says:—The above prescription I have used with great success in the cure of intermittent fever, even where quinine has failed. In my opinion, no preparation is equal to it; for it possesses anti-periodic properties completely, and may be administered when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm, if uncomplicated. You will also find that the patients are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will, in a few minutes, experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. It is seldom the patient will experience a second attack. When it is more agreeable to the patient, the powder may be placed on the tongue and permitted slowly to dissolve.

I shall not attempt to explain the action of this medicine on the system in the cure of ague; but will leave that to older heads than mine to determine; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing the dark-colored venous blood to arterial—or at least it changes its color. It also acts on the kidneys as a stimulant, producing diuresis as well as diaphoresis, and in this manner may rid the system of the poison that causes the ague; provided that poison is produced "by the retention of materials destined for excretion." This medicine more closely resembles nature's mode of curing this same disease than any other, as she cures by copious diaphoresis as well as diuresis, or, in other words, by elimination.—*Ibid.*

The surgeons of Glasgow are at present rejoicing in the use of carbolic acid. This substance resembles creosote in its properties. In case of compound fractures and other bad wounds, lint is dipped into a strong solution of the acid and stuffed into the wound until it is full. After a day or two it is removed and a new filling put in the same way, but with a weaker solution. It is claimed that by this method *all suppuration* is prevented, as well as all decomposition of tissue or secretions, that wounds fill rapidly with new flesh without any pus, and that pyæmia, suppurative exhaustion and erysipelas are prevented.—Prof. E. Andrews, For. Cor. in *Chicago Medical Examiner.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 10, 1867.

REPORT OF A COMMITTEE (CONSISTING OF THE MEDICAL MEMBERS OF THE METROPOLITAN BOARD OF HEALTH OF NEW YORK) ON PROSTITUTION. PROPOSED LEGAL MEASURES TO MITIGATE THE EVIL.

The above report is signed by Drs. Willard Parker, John O. Stone and James Crane. The Committee state that "before the war, in January, 1861, there were about 2100 prostitutes in the city. In January, 1863, there were only between 1600 and 1700. This diminution was caused by the number of professional prostitutes who followed the army to the war. When the war closed, in 1865, these came back with their numbers considerably reinforced, swelling the figures, as reported in 1866, to 2690." The houses of prostitution are set down as numbering 569; those of assignation, 90.

"Prostitution," as the report very truly says, "has always existed in all large communities, and will continue to exist until the present order of society shall be changed, or until the golden age of virtue, which poets have foretold, and the wise and good anticipated, shall have come." "High and low, rich and poor are affected by venereal diseases, and no class has a monopoly of virtue."

"The actual and important fact is, that venereal disease is sapping the strength of the people. Husbands give it to their wives, and mothers give it to their children, and when it has once entered the constitution no one can tell whether it ever will or can be eradicated." * * * "No one knows what the young man is who proposes to marry his daughter. He may possess a good education and the noblest qualities, and yet this daughter may give birth to diseased children, and die of the diseases which prostitutes have generated and disseminated. These facts must bring the subject home to every individual, and all ought to resolve that such diseases shall not continue to exist, if in God's good providence they can be eradicated. The question, moreover, is not a private one, but oj great political importance, for the health of the citizen is the wealth and power of the State."

The Committee recommend as measures "best calculated to eradicate the venereal diseases," the passage of laws obliging all hospitals and dispensaries, which receive pecuniary aid from the public, to treat those diseases; establishing hospitals for prostitutes; requiring the registration of all keepers of houses of prostitution and assignation, and of all prostitutes; "that the Metropolitan Board of Health shall cause to be inspected the houses and persons of all prostitutes, and if any prostitute is found diseased with any venereal affection, shall send her immediately to the hospital."

These are the chief measures recommended as most likely to "eradicate" venereal diseases. Various incidental advantages are mentioned as likely to accrue from putting houses of prostitution under the eye and custody of the police. For example, as the owners of houses of ill fame are, according to the proposed plan, to be registered, it is justly argued that people will be less willing to lease dwellings for infamous purposes; and the publicity of registration would probably spoil the business of many houses of assignation. Again, if the houses in question be kept under the surveillance of the police, it will, it is thought, enable parents to trace their children, and perhaps reclaim them; while at the same time the debauching of young girls, often mere children, may be in some measure checked.

It will be seen that the plan indicated, so far from proposing to break up houses of ill-fame, whenever and wherever found—which is, we suppose, quite impracticable in any large city—suggests not only the connivance of the legal authorities with the existence of those establishments, but that the latter should in a measure be taken under the protection of the law. In accordance with the recommendation of the Board of Health, a bill was during the last winter offered to the New York Legislature, embodying the measures proposed by that Board. As we have not been able to see a draft of this bill, we are unable to say whether or not it proposed to license, in set form, houses of ill-fame, but any such scheme as that set forth above evidently does this by implication, at least, which practically comes to pretty much the same thing. It is stated that the committee to whom the bill was referred have refused to report it. But, as the subject has been agitated for some time in English medical periodicals, has been discussed at the International Medical Congress, and is likely to come up again here, we venture to obtrude a few words with reference to it.

The extent to which syphilitic diseases prevail in all our large cities, and the terrible havoc produced by them, is too well known to our profession to be urged here. The secret history of hundreds of families, as revealed at the medical confessional, is such that we cannot be otherwise than eager to further any rightful and feasible scheme which may promise to relieve the evils in question.

In favor, then, of the project suggested by our distinguished *confrères* of the New York Board of Health, it is apparent that, *if carried out according to the programme*, it must go far in diminishing the frequency of the occurrence of syphilitic diseases; though we can hardly say, with its authors, it would eradicate them. As to the propriety in point of morals, it might be urged that the calamities it seeks to remove are so immense that they should lead us to go to the verge of doing evil that good may come, in order to avert them. And, it may be contended that in the measures proposed, the intention is not to countenance or abet licentiousness, but merely to deal with it, as we find it, in such a manner as to neutralize some of its consequences—consequences which involve many innocent victims together with the transgressor. Authority for such a temporizing course may be perhaps derived from no less a source than some of the Mosaic laws, which were directed to restraining and limiting the hardships resulting from some of the prevalent evils of the age, the world not having been far enough advanced to permit of those evils being at once rooted out.

It may be claimed, further, that the efficacy of registration and inspection has been shown by experience. Thus, during the late war, it was found that at certain points in the West the fighting material was put seriously *hors de combat* through venereal diseases, until the prostitutes in the vicinity of the soldiers were "policed," when the nuisance was abated. A similar course is pursued, we are told, and with like success, in certain garrison towns in England. Finally, it has been urged that in Paris, where the government requires that the public women be ticketed and labelled, as it were, and subjected to weekly inspection and treatment, their visitors have been greatly protected from venereal contamination.

It may be objected that the true animus of the proposed laws would be misunderstood—that a sanction of incontinence would be inferred from them. We should, indeed, hesitate to make laws liable to such construction—or misconstruction—since, at the present day, a community is presumed to put its highest ideas of right into its jurisprudence—to legislate in the highest practicable moral plane. Yet, the evils sought to be removed being acknowledged to be so great, that we are bound to go as far as we rightly can to remove them, the question may then still be pressed upon our serious consideration, whether or not this risk to the *morale* should not be incurred, provided the remedy can be shown to be reasonably certain and thorough. Can this be done?

The success which has attended registration and inspection under military orders is hardly in point, since while military necessity justifies many things not to be tolerated on a peace establishment, martial law renders practicable the enforcement of regulations, which cannot be well carried out by the civil authorities.

But, it is stated, as we have said, that in Paris, under the operation of the civil law, the registered prostitute is prevented from being, to any considerable extent at least, a source of physical contamination; and, furthermore, it has been asserted that the amount of venereal there, in proportion to the number of inhabitants, is comparatively small. Still, that metropolis has, notwithstanding, countless victims of the disease, as all know who have seen the throngs which haunt certain of the hospitals, and as those are aware who are cognizant of the immense private practice of Ricord, and others of his specialty. The *lorettes*, who take their afternoon drives in the Bois de Boulogne, instead of walking the streets at night, and the numbers of females of all classes, who without being known as public women practise private debauchery, may partly explain why gonorrhœa and syphilis abound in Paris. At all events, we incline to think that what is claimed to have been done there can hardly be taken as a criterion for what could be done in this country, and for two reasons. The first is, that there the number of *acknowledged* women of the town is notoriously small, comparatively speaking. This may be accounted for partly by the apparently paradoxical statement that where the standard of female virtue is low, there we may expect a small amount of prostitution. The explanation of the fact seems to be that in such a place as Paris, a female may have her intrigues, or *liasons*, and yet not be put at once outside the pale of humanity. With us, and wherever else a certain moral standard is set up, a woman, as soon as she is known to have gone astray, is cast out, and often has no means of gaining her livelihood, save by prostitution. She becomes, in a word, an "abandoned woman," because others abandon her.

Secondly, the police system of the French capital is wonderfully efficient and searching. Its officers have powers, such as that of domiciliary visitation, which would not be tolerated here. Thus, those of the vicious class in question who openly ply their vocation, are easily kept under the ward of the law. Not so in this country! Our police, we all know, are very indulgent. They are also restricted in their powers, and hampered in the exercise of them. Almost any policeman in this city will point out more or less houses in his "beat" which he has no doubt are kept for infamous purposes, and yet he cannot bring those who keep them to conviction, under the existing laws for suppressing such establishments. The very neighbors who beg him to remove the offenders are unwilling to give their evidence in court. If, then, houses of prostitution can now be to only a limited extent reached by the law, unless they be disorderly, how will they be controlled for registration or licensing? And, we can see no adequate motive of self-interest to induce the keepers of them to come forward voluntarily to enrol themselves in the proposed black list.

Since writing the above, we have seen a report of a discussion at the International Medical Congress, from which it appears that even in Paris, where the laws for the regulation of prostitution may be supposed to act to the best advantage, the attempted registration has been in great measure a failure. Thus, we are told that at the last accounts there was a total of 3851 women practising what is significantly called "legal prostitution," while the number of "clandestine prostitutes" is said to be incalculable, and to vary, according to approximate estimates, from 30,000 to 50,000. To this numberless class are added the females employed in the wine shops "in the environs of the *Barrières*, who serve as waiter-girls—and in another capacity." "Clandestine prostitution, in Paris, has attained the extreme limit of possibility. It has constantly increased at the expense of legal prostitution, the establishments of which have successively diminished in number since the year 1845 (when they reached the number of 233) until 1866, when there were only 167 of them." * * * "The arrest of a woman suspected is the most delicate and difficult thing in the world. In spite of the difficulty, the police has accomplished the arrest of 13,818 suspected girls, in the space of six years from January, 1861, to December, 1866. Of this number, the registration of 1549 only has been effected; 7277 have been claimed by their parents as minors. Compulsory registration is a rough proceeding. Most of the women arrested refuse to be enrolled; and to force them to submit is a grave matter."—*(Union Médicale.)*

We are therefore sceptical as to the efficacy or wisdom of the enactments under consideration for the registration of houses of ill-fame and the inspection of their inmates. The moral risk we have alluded to would not, we think, be justified by any attainable certainty or thoroughness of the proposed remedy.

Cerebro-spinal Meningitis.—At the Hospital Lariboisière in Paris, M. Hérard observed, in July and August, a case of "cerebro-spinal meningitis." He remarked that, "with those who were not acquainted with this malady, it would have been an affair of typhoid fever, but the extraordinary intensity of the cephalalgia, the pain along the spine, the stiffness of the neck, the slowness of the pulse, the constipation, the muscular hyperæsthesia in the limbs, the absence of spots [rose spots], were amply sufficient to establish the diagnosis of cerebro-spinal meningitis. There was neither vomiting, nor, strictly speaking, delirium. The treatment was quite energetic: cupping over the course of the spine; leeches behind the ears; calomel; ice to the head; blisters. Slight amelioration occurred at first, but erysipelas of the face appeared, and the patient succumbed. At the autopsy was found an inflammatory exudation at the base of the brain, and at the origin of the spinal marrow."—*Union Médicale.*

From the same journal we translate, also, the following items:—

M. Lisle presented to the Imperial Academy of Medicine a paper on *The*

Treatment of Cerebral Congestion, and of hallucination by arsenious acid. The following are his conclusions:—

The insane often show signs, more or less marked, of cerebral congestion; those affected with hallucination having always that condition. Out of 193 of these last, treated with arsenious acid, 131, or 67 per cent., were cured, and 29 experienced a lasting amelioration.——Hallucination, hitherto considered a symptom of insanity, is only a complication, though almost always grave. It is the most characteristic symptom of cerebral congestion.——Arsenious acid is a truly specific remedy for this disease. It is also very useful in paralytics; those affected with incoherency, melancholy, &c., without hallucination, but presenting evident signs of cerebral congestion.

Infants, says M. Andrieu, do not bear a low diet. They require food of easy digestion and capable of supporting and increasing their strength. If a milk diet is insufficient, recourse may be had to the pulp of raw meat, which acts to a charm.

"Look at the grand discovery of chloroform, which has saved thousands of hours of helpless agony. There is no tale of daring and discovery more remarkable than the narrative of the hours which Professor Simpson and his friends in Edinburgh spent in testing various narcotic agencies, until they became first exhilarated and then insensible while testing chloroform, and awoke to the conviction that they had now become acquainted with the most powerful anæsthetic known or conceived. The whole history of anæsthetics, from the days of Sir Humphrey Davy, or rather from Cavendish and Priestley, form one of the most remarkable chapters in the history of human progress."

The above passage we find in an article on the "Romance of Medicine," contributed to a popular magazine entitled *London Society*, and published, as its name indicates, in England. The article is evidently from a writer well acquainted with medicine, who deals with some of the most striking improvements in the art. We notice it, because, save by implication, it ignores the parent discovery of etherization. We think it would have made the list of improvements in medicine more complete, and would also have been ingenuous, to have alluded to sulphuric ether, and to have mentioned that the world was indebted to this country for the great boon of the production of insensibility to pain.

Furthermore, while we yield unqualified admiration to the science and courage evinced by Prof. Simpson (now Sir James Y. Simpson) and his coadjutors in the experiments which resulted in the addition of chloroform to the list of anæsthetics, we are yet constrained to believe that it would have been far better for humanity if that drug had been restricted to the exclusive domain of chemistry. Scarcely a month passes that the medical journals do not record a death by that agent. On the other hand, we have yet to learn of a single instance of fatality fairly attributable to etherization. In our last number, we published a translation, by Dr. Cotting, of an article setting forth the duty of using ether instead of chloroform. With the sentiments of that paper we fully agree. We hold that, so long as the former agent can be obtained, the production of anæsthesia by chloroform, in civil surgery, is immoral.

We have the pleasure of extending a welcome to a new medical journal which has just appeared in Paris. Its title is *L'Evénement Médical*, and its Editor Professor Piorry. It is published every Saturday.

A medico-legal society, composed of members of the medical and legal professions, has been formed in New York, its object being the discussion of matters pertaining to forensic medicine.

Boston Dispensary.—The following are the statistics of this institution for the year ending October 1st, 1867. The number of new patients at the Central Office has been 14,446—of which 10,033 have been medical cases, and 4413 surgical, classified as follows:—

MEDICAL.

	Men.	*Women.*	*Children.*	*Total.*
1st quarter,	465	904	906	2275
2d "	476	907	790	2173
3d "	576	1071	1018	2665
4th "	507	1382	1031	2920
Total,	2024	4264	3745	10,033

SURGICAL.

	Men.	*Women.*	*Children.*	*Total.*
1st quarter,	238	273	384	895
2d "	322	334	425	1081
3d "	392	402	452	1246
4th "	352	396	443	1191
Total,	1304	1405	1704	4413

The number of new patients in the Districts has been as follows:—

	Men.	*Women.*	*Children.*	*Total.*
1st quarter,	373	865	1052	2290
2d "	421	1021	1123	2565
3d "	335	933	946	2214
4th "	326	887	1180	2393
Total,	1455	3706	4301	9462

Discharged, cured or relieved,	8894	
Sent to Hospitals, or removed from Districts,	267	
Died,	296	
Remaining under treatment,	87	
	9544	
Patients remaining at last annual report,	82	
	9462	
Total number of cases at Central Office,		14,446
		9,462
Total number at Central Office and in Districts,		23,908

PATIENTS, NEW AND OLD, AT CENTRAL OFFICE.

	Medical.	*Surgical.*	*Total.*
1st quarter,	5144	1906	7050
2d "	4669	1918	6587
3d "	6089	1850	7939
4th "	5784	2058	7842
Total,	21,686	7732	29,418

Number of cases of midwifery,	164
Number of recipes during the year,	50,357
Average daily attendance,	96

SURGEONS.

David W. Cheever, M.D.
Francis H. Brown, M.D.
Seth L. Sprague, M.D.
Calvin G. Page, M.D.

PHYSICIANS.

S. H. Carney, M.D.
Hall Curtis, M.D.
B. Joy Jeffries, M.D.
J. McLean Hayward, M.D.
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SAMUEL A. GREEN, M.D., *Superintendent.*

Re-vaccination.—Messrs. Editors,—I wish to add a rush light, at "the risk of imparting a little shade." Between two and three years ago, I vaccinated in one family, five children; three girls and two boys, from 3 to 16 years of age. At this time, the four older were re-vaccinated, the youngest vaccinated for the first time. The virus was good, as proved by its effect in other cases. In the youngest child the results were perfect; all the others, except a girl of seven years, had vesicles and subsequently very sore arms, lasting about 20 days. The girl of seven years had not even a single irritation at the point of puncture.

More than six weeks later, I was called to attend them. They had taken varioloid; all except the very one on which vaccine had had no effect. I offered at once to again re-vaccinate her, but was refused. I continued my attendance for over three weeks, during which time this girl was *constantly exposed* to the other sick children, but escaped attack. Respectfully yours,

Roxbury, October 4, 1867. T. Garceau, M.D.

Messrs. Editors,—One of the expressions used by Dr. Buckingham in your last number seems to require a few words from me. I had no intention of indulging in "severe personalities," but endeavored to combat most *earnestly*, errors of doctrine (as they seemed to me) leading to grave errors of practice, and to point out the unfortunate results which followed in Dr. C.'s patient. Nevertheless, if the article was severe or personal, I cannot see how Dr. Buckingham *can* come in for a share of it, unless he declares that he regards "a miserable flat white speck or two" as protective against variola, or unless he states that he does not think it worth while to re-vaccinate persons who have been directly exposed to the contagion of this fearful malady. These two positions I endeavored to assail, and do not as yet understand Dr. B. to assume either of them.

Very respectfully your ob't serv't,

Roxbury, Oct. 4, 1867. Joel Seaverns.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, October 5th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	24	43	67
Ave. mortality of corresponding weeks for ten years, 1856—1866	44.7	40.4	86.1
Average corrected to increased population - - - - -	00	00	95.09
Deaths of persons above 90 - - - - - - - -	0	1	1

Pamphlets Received.—The Physical Geography of the North Pacific Ocean, the Peculiarities of its Circulation, and their Relations to the Climate of the Pacific Coast of the United States. By William Henry Doughty, M.D.—Introductory Lecture to the Session of Toland Medical College, San Francisco, Cal. By Henry Gibbons, M.D.

Married,—At Charlestown, 3d inst., George S. Fife, Assistant Surgeon U.S.N., to Miss Cottie Letitia McKean Buchanan.—At West Medford, 2d inst., L. F. Fox, M.D., of Lowell, to Miss Vianna M. Bowers, of W. M.—At Portland, 2d inst., J. T. G. Nichols, M.D., of Cambridge, Mass., to Helen Williams Gilman, daughter of Dr. John T. Gilman, of P.—In New York, Oct. 1st, Dr. Irving W. Lyon, of Hartford, Ct., to Miss Mary E. Tucker, of New York City.—At San Francisco, Cal., 12th ult., W. Ayer, M.D., of S. F., to Miss H. Augusta Willard, of Cambridge, Mass.

Died,—In this city, 5th inst., Francis Leland, M.D., of Milford, 50.

Deaths in Boston for the week ending Saturday noon, Oct. 5th, 67. Males, 24—Females, 43. Accident, 3—apoplexy, 1—disease of the brain, 1—bronchitis, 1—cancer, 1—cholera infantum, 4—cholera morbus, 1—consumption, 12—convulsions, 1—croup, 2—cyanosis, 1—debility, 1—diarrhœa, 2—dropsy, 2—dropsy of the brain, 3—dysentery, 4—scarlet fever, 8—hæmorrhage (intestinal), 1—disease of the heart, 1—inflammation of the lungs, 2—cerebro-spinal meningitis, 1—old age, 2—peritonitis, 1—puerperal disease, 1—rheumatism, 1—syphilis, 1—teething, 2—tetanus, 1—unknown, 5.

Under 5 years of age, 33—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 6. Born in the United States, 50—Ireland, 15—other places, 2.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL

VOL. LXXVII. THURSDAY, OCTOBER 17, 1867. NO. 11.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D., one of the Visiting Surgeons.]

TWELFTH PAPER.—*Two Cases of Popliteal Aneurism.*

CASE II.—*Popliteal Aneurism treated by Flexion. Recovery.*—(Service of Dr. BUCKINGHAM.) E. B., æt. 40, a laborer, entered the City Hospital March 13th. His health had always been good. Ten weeks ago, he first noticed a swelling in the right ham, which has slowly increased in size since. He can assign no cause for its appearance. It has begun to be somewhat painful of late; darting pains shooting through the calf.

Now, has a pulsating tumor, three inches long and one and a half broad, in the right popliteal space. No redness; no œdema either there, or below in the foot. No tenderness on pressure. The swelling is even, fusiform and smooth; and seems like a dilatation of the popliteal artery, gradual, uniform and not diffused.

Compression over the femoral artery checks all pulsation in the tumor. Flexion of the leg on the thigh stops the pulsation in the tumor, as well as in the anterior and posterior tibial arteries.

After consultation, a trial of the treatment by *flexion* was decided on.

Flexion was begun March 20th, and morphia subcutaneously ordered, when needed. Flexion was borne by the patient only about sixteen hours, and even then with some minutes of occasional extension. At no time was the current wholly stopped in the tumor, but only retarded. At the end of this period of about *sixteen hours*, the tumor had changed in appearance. It was somewhat shorter and very considerably wider than before. The patient was unwilling to have the leg flexed again, on account of the pain, and it was determined to wait and see the result.

March 22d, the following day, the tumor had diminished in size; there was only a feeble pulsation, and very little pain.

23d.—Tumor hard to the touch. *No pulsation in it, or the tibials below. Two days only since flexion was discontinued.*

31st.—Tumor has been quite tender to touch. Now, less so. No return of pulsation.

April 5th.—Tumor diminishing in size. No pulsation below tumor yet.

13th.—About this time pulsation was detected feebly in the dorsalis pedis artery; between three and four weeks since the operation.

30th.—The circulation of the foot is perfectly restored; now about six weeks since flexion. The aneurismal sac has shrunk up, and remains without pulsation, hard, and not sensitive.

May 10th.—He was discharged, well.

Case III.—*Popliteal Aneurism treated by Acupressure. Recovery.*—(Service of Dr. Cheever.) The patient is 30 years old, by occupation a bootmaker. He entered the City Hospital July 30th, 1867, having noticed, seven months previously, a small tumor in the left popliteal space, which was quite painful. The pain had continued, at intervals, up to the time of admission, and was aggravated by fatigue, especially after unusual exercise in walking. The tumor grew slowly, and it was noticed that the leg was at times considerably swollen.

The aneurismal tumor, at entrance, was situated in the left popliteal space. The difference in the circumference of the two legs at the knee was about two inches. The patient's condition was otherwise good; appetite, pulse, and functions generally, all normal.

On the day after entrance to hospital, *treatment by flexion* was commenced. The leg was flexed on the thigh, and retained in position by proper straps. Complete flexion almost entirely controlled the pulsation of the aneurism, but this at first was not persisted in. One fourth of a grain of sulphate of morphia was ordered *pro re natâ.* Flexion was commenced at 2, P.M., July 31st.

Aug. 1st, 6, A.M.—Severe pain until 11 o'clock last night; relieved by morphia. Not much sleep during night. Is now quite comfortable. 9.30, A.M.—Severe pain in knee. Morph. sulph. gr. $\frac{1}{3}$. 10.30, A.M.—Pulse 96. Leg and foot somewhat swollen, and temperature increased. Pain less. 2.15, P.M.—Pulse 92. Sole of foot feels as if "needles were sticking in it." 8, P.M.—Pain in knee continues. Morh. sulph. gr. $\frac{1}{3}$.

2d, 6.30, A.M.—Slept well last night. Quite comfortable now. Tea and toast for breakfast. Pulsation to be felt distinctly. 10, A.M.—Morph. sulph. gr. $\frac{1}{4}$, subcutaneously. 4.15, P.M.—Flexion discontinued and leg extended. Pulsation seemed weaker. 6.30, P.M.—Flexion renewed (45°). 7.15, P.M.—℞. Morph. sulph. gr. $\frac{1}{3}$, subcutaneously.

3d, 8, A.M.—Slept well until 2, A.M. Leg extended. Pulsation about the same. 10.30, A.M.—Flexion renewed as before. 3.15, P.M.—Morph. sulph. gr. $\frac{1}{3}$, subcutaneously. 8, P.M.—Leg extended for the night.

4th, 7, A.M.—Comfortable night. Pulsation same. Leg flexed at an angle of 45°. Foot and leg swollen and œdematous. 11, A.M.—Flexion increased by one half by tightening straps. 12, M.—Pain severe through the knee and foot. Morph. sulph. gr. ½, subcutaneously. 8, P.M.—Pain continues. Morph. sulph. gr. ½, subcutaneously.

5th, 7, A.M.—Flexion remitted. The dimensions of the tumor are now as follows:—Transversely, four and a half inches; longitudinally, three and a half inches. Pulsation as strong as before treatment.

The following synopsis will exhibit more succinctly the times of flexion and extension. Treatment by flexion lasted 118 hours; or five days and nights, lacking two hours.

The first period of flexion at 45° was 52 hours.
" second " " " " 13½ "
" third " " " " 9½ "
" fourth " " drawn up tight, 24 "

Flexion, 99 "

Relaxation 2 hours.
" 2½ "
" 11 "
" 3½ "

19 "

99 hours of flexion out of 118 hours of treatment.

It seemed idle to pursue this method farther. The patient was getting depressed by it, and no sign of consolidation appeared in the tumor. On the contrary, the latter looked as though it might become diffused before long.

Treatment by any form of pressure was therefore abandoned. And it remained to resort to the ligature or to acupressure. The latter was decided on.

Aug. 6th, 11, A.M.—*Operation.* The patient was fully etherized. The leg and thigh were flexed and rotated outward. An incision about two inches in length was made in the apex of Scarpa's triangle, parallel with the inner margin of the sartorius muscle. The femoral artery was readily reached, and a curved director was passed beneath it. The long saphenous nerve was drawn outwards. An ordinary shawl pin, with a large glass head, was passed from without inwards obliquely through the skin and subjacent muscle (sartorius). It entered at a point one inch external to the incision, and was directed obliquely downward and inward, so as to cross the artery above, and to pass between it and the vein. The point was then directed downward to pierce the adductor muscles beneath the vein. It was hoped thus to compress the artery, without pressing on the vein. This manœuvre failed to control the pulsation. and was abandoned. The artery being lifted on a director, the acupressure needle, piercing the sartorius and crossing over the artery as before, was now passed between the artery and vein, and the point turned outwards along the director, and beneath the artery, until it pierced the rectus muscle and rested on the femur. Thus the artery was lifted away from the vein, and compressed between the pin and the sartorius and skin.

All pulsation immediately ceased in the aneurism and below. The wound was closed externally by three wire sutures, the pin being left in place, with the head alone protruding. 12, M.—Patient was placed in bed, with leg slightly flexed. Special watch.

Having observed the great rise in temperature following lesions of the sympathetic nerve in the lower animals, through some impression, probably, conveyed to the *vasa vasorum;* and having also noticed a similar increase of heat after the ligature of large vessels, I directed that the limb should not be packed in wool, as is ordinarily done after ligature, but be left uncovered, and the temperature carefully watched. External warmth was to be applied if the heat of the limb or foot fell below that of the other. 12.52, P.M.—Temperature in axilla, 98.5°; in groin, 97.25°. Left leg (the leg affected), four inches below the knee, 95.5°; right leg, four inches below the knee, 93.5°. 2, P.M.—Recovered from effects of ether. Complains of darting and stinging pains in sole of foot, calf of leg and seat of aneurism. 5.15, P.M.—Temperature the same. Pain continues, with slight twitching of muscles of calf. Milk *ad libitum,* and sulphate of morphia to be given *pro re natâ.* 6, P.M.—Pain undiminished. Morph. sulph. gr. ¼, subcutaneously. 8, P.M.—Pain continues. Morph. sulph. gr. ⅓, subcutaneously. 10.15, P.M.—Slight spasmodic contractions about seat of aneurism. No pulsation. Pulse 88. 11.45, P.M.—Very restless. Morph. sulph. gr. ⅓, subcutaneously. Very slight oozing from the wound.

7th, 6.30, A.M.—Rested well the latter part of the night. One dejection at 4, A.M., and another now. Darting pain in leg and popliteal space. Aneurismal tumor smaller, hard and tender. Leg and foot somewhat swollen and œdematous. Twenty drops of tincture of opium to control tendency to diarrhœa. Milk and cracker for breakfast. Pulse 96. 8, A.M.—Vomited soon after taking laudanum. One loose dejection. Morph. sulph. gr. ¼, subcutaneously. Tongue dry and coated. Much thirst. Broken ice by mouth. 10.30, A.M.—Drowsy. No very severe pain. Diet of milk porridge and boiled milk *ad libitum.* 12.35, P.M.—Two discharges since last record. Pil. opii gr. ½, after each dejection. 2.30, P.M.—Feels quite comfortable. Pulse 104. One dejection. Continue opium pill. 4.25, P.M.—Pain in popliteal space. Morph. sulph. gr. ¼, subcutaneously. 8, P.M.—Diarrhœa continues. Opium pill. Some swelling noticed about incision.

8th, 2.30, A.M.—Restless and retching. Pulse 100. Morph. sulph. gr. ¼, subcutaneously. 10.45, A.M.—Slight blush about wound. Sutures removed. No pus, and only a drop of serum. Warm fomentations to wound. Apparent temperature of left foot lower than that of right; foot covered with cotton. Face flushed. Pulse 120. Ice to tongue. 2, P.M.—Quiet and comfortable. Pulse 112. 6.15, P.M.—Quite comfortable. Wound surrounded by swelling and redness, which tend to increase. Aneurism less tender. Leg and foot less swollen. Pain of sole and toes of left foot, with pricking and darting. Patient in good spirits.

9th.—Had a good night. Reports himself "feeling splendid" at 7, A.M. Blush about the same. Twitching of muscles all gone. Swelling of foot and leg less, and tenderness of the tumor much diminished. Fomentations still continued. Sensation in left foot less acute than in right. 12, M.—The pin removed, exactly seventy-two hours after its insertion. No pus or serum followed. Pin perfectly dry. No pulsation in popliteal tumor or in foot. Tumor diminishing in size. The incision above had apparently closed by first intention, yet it was thought that fluid could be detected beneath. The blush was a little increased; fomentations continued. Diet—tea and toast. ℞. Tr. ferri mur. gtt. xx. *ter dic.* 7.30, P.M.—Doing nicely. Morph. sulph. gr. $\frac{1}{8}$, subcutaneously.

10th, 7, A.M.—About two drachms of pus pressed out from beneath incision. Pulse 90, strong. Blush about the wound much less. Appetite improving.

11th.—Small discharge of pus. Swelling less. The blush nearly all gone. Pulse 76.

12th.—Comfortable night, with opiate. Incision granulating. P.M.—Sat up in chair an hour. Sensation returning in sole of foot.

13th.—Continues to improve. Discharge from wound slight. Fomentations to thigh and wool to foot continued.

14th.—Doing well. Apparent temperature of left leg *higher* than that of right, as determined by the hand.

15th.—Progressing favorably. Temperature—left leg (the one operated on) at calf, 96.5°; right leg do., 92.5; left foot between toes, 94°; right foot do., 92°.

16th.—Very slight discharge. Incision one half closed. Temperature unaltered. To-day, for the first time since operation, tickling of the sole gives reflex motion.

17th.—Sits up more or less every day. Discharge from wound very slight, and does not increase on pressure of adjacent parts. Patient can move leg and foot without discomfort. Temperature—left leg at calf, 96.5°; right leg do., 93°; left foot between toes, 97°; right foot do., 92.5°. Has taken every night at bed-time, since Aug. 12th, morph. sulph. gr. $\frac{1}{16}$–$\frac{1}{8}$, subcutaneously.

18th.—Improving. Fomentation omitted. Simple cerate dressing. Temperature—left leg at calf, 97.5°; right leg, 95.5°; left foot, 98; right foot, 92.5°. Opiates omitted. ℞. Potassii bromid. grs. xxx. at 7, P.M.

19th.—At 2, A.M., a slight oozing hæmorrhage occurred from wound, apparently of venous blood. Yesterday, without permission, patient walked about ward on crutches, dragging his left foot, and during last night he moved his leg and foot considerably in bed. Hæmorrhage easily controlled by pressure. 9.30, A.M.—Slight hæmorrhage renewed; controlled readily by ice to part. 7, P.M.—℞. Morph. sulph. gr. $\frac{1}{8}$, subcutaneously.

20th.—Rested well last night without recurrence of hæmorrhage. Quite free discharge of bloody pus from incision. Warm fomentations applied to part. Slight darting pain in foot. Temperature—left calf, 96.5°; left foot, 98°; right calf, 94°.

21st.—Comfortable and doing well. Discharge nearly ceased. Fomentations omitted. Temperature—left calf, 95.5°; left foot, 96.5°; right calf, 93.5°.

22d.—Doing well. No pain in leg or foot. Temperature—left calf, 93.5°; left toes, 93.5°; right calf, 92.5°.

23d.—Improving daily. Incision nearly healed. No pus. Takes potass. bromid. grs. xl.–lx., in divided doses after 3, P.M. Sleeps well. Temperature—left calf, 95°; left toes, 95.5°; right calf, 94.5°; right toes, 96.5°.

24th.—Leg and foot appear of natural color, but the foot still feels slightly numb. Temperature—left calf, 95.5°; left toes, 96.5°; right calf, 94°; right toes, 96.5°.

25th.—Discharge just enough to slightly soil dressings. Patient walks about ward with crutches, and can bear some weight on left foot. Temperature—left calf, 96°; left toes, 95°; right calf, 93.5°; right toes, 95.5°.

26th.—Incision almost well; small granulating spot. Leg and foot are in every respect normal in appearance and condition, except in temperature; and the left foot is slightly more sensitive than the right. There is no tenderness in popliteal space. Aneurismal tumor small and very hard. Discharged, well—twenty days after operation.

It will thus be observed that throughout the period of acupressure, and even until his discharge, the temperature of the left (operated) limb was uniformly higher than that of the other. Unfortunately, in the midst of the case, the thermometer constructed to take the temperature was broken, and several days were lost before another could be obtained. It was during this interval that the *apparent* temperature of the toes to the hand seemed slightly lower than that of the other foot, and I therefore applied cotton to the foot, but no higher up the limb.

May it not be that external warmth applied after ligature promotes gangrene, by favoring and increasing the passive congestion which exists already? Such we know to be the action of warm poultices in the congestive stage which precedes senile gangrene.

I am inclined to think that the suppuration which followed the acupressure was due to long and rough manipulation in securing the vessel. Could the last manœuvre adopted have been foreseen and used first, I think laceration and stretching of the sheath and cellular tissue might have been avoided.

The peril of secondary hæmorrhage from the vessel divided by the ligature was avoided by acupressure.

It may be noticed in the first case reported, that flexion, for a few hours only, altered the sac so that consolidation took place promptly. In the second case, flexion was pursued over four days and nights constantly, but without effect. The difference in result, I think, is due to the fact that the first tumor was very small, fusiform, and easily compressed; the second was very large, flattened, and tending to become diffused.

Flexion so long in the second case may have enlarged the collateral vessels, and put them into a better state to sustain the circulation after acupressure of the femoral artery.

One month after leaving the hospital, the patient continued perfectly well.

RE-VACCINATION.

By Isaac G. Porter, M.D.,* of New London, Conn.

[Communicated for the Boston Medical and Surgical Journal.]

While we honor the ability and learning of Drs. Cotting and Buckingham, and admire their facile pens and the courage which they show in controverting the practice of re-vaccination, now so nearly settled, as a legitimate and established principle in the profession, yet may we not inquire whether they are not needlessly disturbing a healthful sentiment in the community? They do not, it is true, entirely discountenance it, but they discourage its universal, if not its general adoption.

The language of Dr. Cotting is as follows:—"Re-vaccination is not always the trivial affair it is usually represented to be. On the contrary, disasters from this source are frequent and damaging. This is not always properly revealed to us; not certainly in statistical reports in favor of the practice. Very likely a full statement would appal even its advocates. Severe illness is often thus produced, and a fatal termination occasionally the result of it. Possibly there have been as many deaths from repeated vaccinations as from varioloid after first vaccinations." Whatever may be true respecting the general principle embraced in the foregoing, how few practitioners, judging from the results of their experience, can endorse and sanction the hypothetical opinion expressed in the last sentence. What is there, in the nature of things, that can render pure vaccine matter inserted in a healthful constitution so much more noxious in subsequent operations than it was in the primary? Does not everything depend, in either case, upon the measure of health enjoyed at the time, the collateral circumstances, and the purity or impurity of the matter used? For nearly thirty years I have never hesitated to re-vaccinate any who desired it, and such has been the universal practice of the physicians in this vicinity; but, so far as my knowledge extends, no danger, or inconvenience beyond a trivial and local inflammation has occurred. During the late war, I re-vaccinated, at Fort Trumbull, hundreds and probably thousands of soldiers, preparatory for the field, and in no instance did evil results follow. Is not this, with few exceptions, the general voice of the profession throughout the country and the world? The practice in question has been nearly universal throughout the European armies, and in all the statistics thus furnished, embracing hundreds of thousands of cases, I do not remember to have seen the report of a death clearly attributable to the operation. But Dr. Buckingham endorses an opposite opinion and says:—"I have known two cases of re-vaccination to terminate fatally." How small the number in the populous city of Boston! and, from the proximity of the residences of the two physicians named, and the notoriety which deaths from such a cause must obtain, is it not probable that both have in mind the same cases?

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* Late President of the Connecticut Medical Society.—Ed.

Within the last few years, two physicians, practising in this city or its immediate vicinity, vaccinated in infancy, and repeatedly in attendance upon patients severely ill with smallpox, and escaping all harm, were, much to their chagrin, when called again after the interval of a few years to attend variolous cases, severely visited with varioloid. Does not this show that in the interval alluded to, and just prior to the last cases, their blood had acquired new susceptibility to diseased action, and that there had been generated within it a material *something*, which was capable of being converted into a substance identical with the variolous poison casually introduced?

I lately attended a man very ill with variola. In the family was a lady nearly 70 years of age, who had been vaccinated successfully in childhood, and was now much exposed to the infection. She was at once re-vaccinated, although traces of a former operation were apparent, and with an amount of success, judging from the stages of the vaccine disease, which could not have been surpassed had her age been seven months instead of seventy years, and she entirely escaped the variola. In all probability, what would have been the result, as regards varioloid, had the two physicians who had it, been carefully re-vaccinated a few weeks prior to their last exposure?

These facts are not adduced as possessing any novelty, since such cases are "known and read of all men."

But the respected writers referred to dwell upon the fact that aside from inconvenience and suffering resulting from re-vaccination, death itself may occasionally be attributed to it. So rare is this incident, or indeed any serious ill result, while on the other hand the operation is so very common, that it does not seem irrelevant to quote the language of Sir Benj. Brodie on another subject. In a clinical lecture he says:—"A man died in this hospital from the consequences of the sting of a bee, and another from the consequences of the bite of a leech. A lady had a small encysted tumor on the head not larger than a pea. A surgeon removed it, and she died from erysipelas of the scalp. In these cases the danger is so small that it is not to be put in comparison with that which will arise from allowing a disease to remain, which is itself a source of danger. We must be contented to incur risks in many of the common concerns of life. You may go out on horseback, or on the top of a stage coach, and may be thrown off and killed; or you may be smashed on a railroad or drowned from on board a steamer. As these very trifling hazards are to be overlooked under other circumstances, so they are to be disregarded in the smaller operations of surgery." Is not re-vaccination a parallel case, so far as danger is concerned? Nothing in this world is so far perfect as to leave naught to desire respecting it. "*Exceptio probat regulam.*" Drawing an illustration from another profession, the scheme of free agency, the product of infinite wisdom, has sin as an incidental evil.

While we would not needlessly or thoughtlessly re-vaccinate, any more than we would apply a leech to our hand or invite the sting of a bee, the evils and dangers of the practice in question are so very small in comparison with the probable protection thereby afforded, that true wisdom, as regards the best good of the human race, demands that they be practically ignored.

P. S.—Since writing the foregoing, I have seen the article by Dr. Seaverns, which is referred to by Dr. Buckingham. While pleased with the thorough knowledge of the literature of the subject which it exhibits, and, as I believe, the soundness of its views; if it be proper, I would say, that the profession at large must be pained at witnessing, in a scientific paper, such personalities as mar its otherwise fair proportions. They savor of those feuds, based on private interests, which too often arise between village practitioners, and which dishonor the profession by making it a by-word and a synonym for disagreement. Such is human nature, that they operate against the cause which they aim to advance, since we cease to appreciate arguments in our sympathies for the man attacked.

M. Maissonneuve, at the Hôtel Dieu, Paris, in the treatment of wounds depends very much upon an entire exclusion of air, asserting that nine cases in ten of amputation of the thigh may be cured by it. In the case of ulcers, his favorite treatment is repose, rest in the horizontal position—not allowing a patient with an ulcerated leg to get up at all for any purpose whatever.

CONTRIBUTIONS TO MATERIA MEDICA AND THERAPEUTICS.

By John P. Mettauer, A.M., M.D., LL.D., Prince Edward C. H., Virginia.

[Continued from page 190.]

Apocynum Androsæmifolium.

This valuable therapeutic agent belongs to the class Apocynaceæ—the dog-bane family. Calyx persistent, five-cleft, minute. Corolla campanulate, with the limb divided into five short, spreading or revolute lobes, the base with five glandular teeth, alternating with the stamens. Stamens five; anthers sagittate. Style wanting. Follicles two, long, distinct. These are the characteristics of this class generally.

Androsæmifolium has stamen erect, with spreading branches. Leaves ovate, glabrous. Flowers in terminal and lateral cymes. Tube of the corolla longer than the calyx. White, tinged with red. It is perennial, and flowers in June, July and August. In Virginia it is very common, and grows from two to five feet high.

The root is the portion of the plant employed in medicine. It is of the horizontal description, often extending three and four feet, is nearly cylindrical, seldom larger than the little finger, and of a dark-brown appearance. The interior of the root is white; the bark easily separates from the ligneous portion, and, when fresh, yields a large quantity of a milky fluid upon being cut. When dry, the bark, which is the active portion of the root, is readily pulverized, and has a bitter, herbaceous taste, which is imparted freely to alcohol, and water hot or cold. For medical use this root may be collected at any season of the year, but the writer thinks its medical properties are most active when the fructification just begins to appear. It should invariably be dried before it is used, as in its fresh, succulent state it possesses acro-narcotic properties which are extremely offensive to the stomach.

Androsæmifolium possesses emetic, cathartic and tonic properties of very decided power. Given in strong tincture, infusion, or in powder, in doses of ten or fifteen grains, it often vomits freely and promptly. These properties adapt it to the treatment of quite a variety of diseases. In popular practice it is often resorted to as an emetic when vomiting is deemed necessary. Very frequently, too, families employ it as a cathartic, or as an emetico-cathartic. Most commonly, however, it is popularly resorted to in reference to its tonic effects. It is exceedingly probable that it was first employed in Virginia as a remedy in colic, and this supposition is supported by the fact that it was early denominated colic root in many portions of the State, and is still so denominated. Another bitter root, however, the Gentiana catesbæi, is also a popular remedy in colic, which likewise bears the name of colic root, but possesses no emetic or cathartic properties. The active purgative powers of the androsæmifolium were early known, and doubtless led to the use of it in colic, especially in the early period of our history when foreign medicines were not to be had.

Hitherto this valuable agent has been chiefly employed in popular practice, or by some of the early physicians who have long since gone to their final account. For more than thirty years the writer has been familiar with it as a therapeutic agent, and in numerous instances he has had recourse to it as a cathartic and tonic with the most gratifying results, and chiefly in the following diseases.

Scrofula.—In this cruel affection it is decidedly the most safe and valuable cathartic we possess, and it may be employed in infusion, tincture or powder. The two first, however, are the preferable forms of using it in this disease, the powder being generally too active, and much more disagreeable to take. When patients are much emaciated and enfeebled by scrofula, the tincture generally is the most suitable form of using the remedy, prepared according to the annexed formula: ℞. Apocyn. androsæm. rad. contus., ℥ iv.; coriand. sativ. sem., ʒ iss.; alcohol. dilut., or French brandy, ℔ ss. Digest fourteen days. Dose from f ʒ i. to f ʒ iij. Given in doses of one or two drachms night and morning, properly diluted, it acts gently as an aperient tonic, regulating the bowels, and at the same time by its bitter tonic properties increasing the appetite and strength of the patient. If other remedies are demanded, such as the preparations of iodine, bromine, iron, and the like, their administration will not be incompatible with the tincture. On the contrary, in many instances, it seems to promote the remedial action of those remedies, by regulating the functions of the bowels, liver, and the organic tone.

The infusion is better adapted to cases of the disease attended with acute characters, in which less emaciation and debility exist, and when an alcoholic stimulant, even in the form of a menstruum, would be objectionable. The infusion generally employed by the writer is that prepared according to the annexed formula: ℞. Apocyn. androsæmifol. rad. contus., ℥ iv.; gillin. trifol. rad. contus., ℥ i.; corn. Florid. cort. contus., ℥ iss.; rhus glabræ cort. exsiccat., ℥ ss.; coriand. sativ. sem., ʒ iss.; aq. pur. bullient., ℔ i. Infuse in a close earthen vessel for an hour; then filter and add f ℥ ij. of diluted alcohol or brandy. Dose from f ʒ ij. to f ʒ iv. Of this, from two to four drachms may be taken night and morning, according to its action upon the bowels. Besides the purgative and tonic effects of the androsæmifolium, this mode of administration of it secures important diaphoretic, diuretic and expectorant results, from the articles with which it is combined, adapting it admirably to cases of rather acute character, in which the secretions of the skin, kidneys, and bronchial mucous membrane are defective. Like the tincture, this form will not, in the slightest degree, interfere with the employment of any other remedies deemed necessary to combat scrofula.

In rheumatism, when combined with gum guaiacum, it greatly enhances the remedial action of the guaiacum. Employed according to the annexed formula, the writer considers it the best form of using the guaiacum in all cases of chronic rheumatism accompanied with articular swellings and emaciation. ℞. Apocyn. androsæmifol. rad. contus., ℥ vi.; guaiac. offi. resin., ℥ iv.; phytolac. decand. bac. exsiccat., ℥ iij.; alcohol. dilut., or brandy, ℔ i. Digest fourteen days. It should be given in doses of one or two drachms night and morning, merely to increase the peristaltic movements slightly beyond their natural activity. A Dover's powder should generally be given at bedtime, especially if the pain disturbs sleep, or the patient is restless.

In dyspepsia, or in torpor of the bowels from sedentary habits, the powder or tincture may be very beneficially employed, taken at night in aperient doses. Eight or ten grains, or less, of the powder, made into pills with a small quantity of soap, or a drachm or more of the tincture, taken at bedtime, and continued, rarely fail to relieve these affections.

Internal scrofula, especially when the glands of the mesentery are affected, or when the lungs are implicated in the disease, is often greatly alleviated by the cautious use of the tincture, or the infusion, particularly when there is torpor of the bowels and increasing debility. The tonic aperient action of the remedy both corrects constipation and sustains the vital tonicity. In this appalling disease the androsæmifolium, in many cases, seems to act almost as a specific, the curative effects being manifested by favorable changes so gradual and slight as to be with difficulty appreciated for a length of time after using it. It seems to act in a peculiar manner in these affections, and in nearly every instance without enfeebling the patient, even when it acts freely upon the bowels as a cathartic.

In dyspeptiform disorders, the tincture taken in small doses, once or twice daily before meals, is often followed by results highly beneficial. In these cases it seems to act as a tonic and gentle aperient, giving tone to the secretories as well as the walls of the stomach and bowels, at the same time that it re-excites and maintains the peristaltic exercises in a proper state of activity. The writer has often seen it employed in such cases with distinguished benefit, especially with lymphatic individuals, and when they seemed to possess a scrofulous aptitude.

As an anti-periodic, it has been found useful in the treatment of intermittent fever, used in the forms of tincture and infusion, but as it was generally employed in combination with serpentaria and chamomile flowers, it would be unjust to ascribe the cures to the androsæmifolium only. In these forms the remedy acts pleasantly, seeming to meet the indications fully and without disturbing the stomach or bowels, unless overdosed. In the early history of Virginia it was often resorted to in popular practice, by reason, no doubt, of the want of more generally employed anti-periodics of established reputation.

Crusta Genu Equinæ.

The experience of more than thirty years with this valuable, yet unpretending nervine incitant, abundantly establishes its therapeutical value. In numerous instances it has been successfully employed in epilepsy, as well as various other forms of nervous disease, and by some of the ablest practitioners of the south, who testify to its great value. Its utility as well as efficacy in the treatment of epilepsy is fully sustained. Indeed the remedy has proved more successful in that afflictive disease, in the hands of certain practitioners who have given it fair trials, than any others employed by them. The writer regards it as the most reliable remedy in epilepsy now known to the profession, especially the sympathetic form of the disease. Even in idiopathic examples of this affection, it has been found of much service with persons of highly wrought nervous proclivities. It should be perseveringly used in this complaint after commencing with it, and gradually augmented to the maximum doses; and the forms of tincture and simple powder are equally applicable to the treatment of the disease.

As stated in the paper published in 1835,* the parings of the hoof are equally as active as the crust, and may be employed in tincture or powder in like doses with it. In some exceedingly interesting cases the writer has known perfect cures effected by the parings of the hoof used in the form of tincture. When to be employed in substance, the parings can be reduced to powder, by rasping, or grating it with a nutmeg grater, as stated in the paper referred to above.

Since the publication of that paper, the crust as well as the parings of the hoof have been found eminently useful in various nervous diseases, such as hysteria, nervous spasms of the stomach and bowels, uterine neuralgia, pleurodyne, neuralgia of the head and face, chorea, and the like. Employed in strong tincture, in doses varying from three to eight drachms, properly diluted with water, repeated after suitable intervals, there are few if any nervines which can compare with it in efficacy in the treatment of these affections. In many instances it has promptly relieved them after various other remedies had been ineffectually used. It is infinitely more valuable as a nervine than castor, musk, and valerian; seeming to exert its powers upon the nervous system rather as a calmant, than incitant, in its disturbed states of action.

Dr. B. F. Hart, of Marietta, Ohio, in a private letter to a friend, reports a case of successful puncturing of a distended bladder, after all the ordinary means had been resorted to. The operation was performed per rectum by means of a trocar and canula. The cause of distension was an impassable stricture.—*Medical Record.*

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* American Journal of the Medical Sciences for August, 1835, No. xxxii. p. 333.

Bibliographical Notices.

Chemistry. By WILLIAM THOMAS BRANDE, D.C.L., F.R.S.L. and E., of Her Majesty's Mint, &c. &c.; and ALFRED SWAINE TAYLOR, M.D., F.R.S., &c. &c. Second American Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867. Pp. 764.

THE American publisher prefixes the following notice to the volume before us. "Dr. Taylor having kindly consented to give to this volume a thorough revision, no additions have been found necessary to adapt it to the wants of the American student. The press, however, has been carefully supervised by a competent chemist, in order to secure the utmost typographical accuracy; and it is hoped that the work, in its present improved condition, will be found worthy a continuance of the very marked favor with which it has thus far been received."

Dr. Taylor in his preface says, "In preparing a second edition of the work on CHEMISTRY, by the late Professor Brande and myself, I have endeavored to carry out the principles which influenced us in the selection of subjects and in the mode of treating them. We felt that there was a large amount of useful chemical knowledge available for the student, but that it was too often locked up in elaborate treatises, and incorporated with subjects of no practical interest. Our object in undertaking this work was to furnish the reader, whether a student of medicine or a man of the world, with a plain introduction to the science and practice of chemistry. With this view, we avoided, as much as possible, the introduction of questions connected with abstract science or with chemical philosophy, and we excluded from our pages the formulæ and descriptions of substances which were never likely to be seen except as rare and curious specimens in the cabinets of professors." * * *

The name of the author of "Taylor's Medical Jurisprudence" is a sufficient guarantee to the American student of the value of this work on chemistry.

A Dictionary of Medical Terminology, Dental Surgery and the Collateral Sciences. By CHAPIN A. HARRIS, M.D., D.D.S., Professor of the Principles of Dental Surgery in the Baltimore College, &c. &c. Third Edition, carefully revised and enlarged, by FERDINAND J. S. GORGAS, M.D., D.D.S., Professor of Dental Surgery in the Baltimore College, &c. &c. Philadelphia: Lindsay & Blakiston. 1867.

THIS is a book of 743 pages, clearly printed on good paper, and replete with definitions appertaining to dentistry, and also to various kindred and distantly related sciences. Physiology, chemistry, pathology, materia medica, &c., are therein represented. It is a valuable work for reference for many besides the despots of the teeth.

THE number of cases treated in the Pennsylvania Hospital during the year embraced in the last annual report, was 1944—in the medical wards, 703; in the surgical, 1241, 703 of these latter being cases of accidental injury. In the Insane Department at Blockley, 526 were under treatment.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 17, 1867.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR 1867.

The volume of the Transactions of the American Medical Association, which for several years has been judiciously dwindling from the bulky dimensions which formerly characterized it, this year appears in the reasonable proportions of between five and six hundred pages. According to our view it comes nearer to what such a publication should be than any of its predecessors. It is almost entirely made up of what strictly ought to constitute such a volume, namely, the reports of Sections or Committees of the Association, together with such few papers read before the Association as the Publishing Committee judged worthy of insertion. Several of these last, however, good as they are in themselves, would, in our judgment, have found a more suitable place for publication in some one of our numerous medical journals. Of the twenty-nine papers printed in the volume, nineteen are reports on various subjects, and two are essays to which prizes were awarded by the Association. As a whole, we most heartily commend it to our professional brethren, and we sincerely hope all the members of the Association will be induced to purchase it, and thus relieve its overtasked treasury.

Among the most valuable contributions to this volume is the elaborate report of Dr. R. C. Hamill on the Meteorology, Medical Topography and Epidemic Diseases of Illinois. This is a paper of great interest, and the result of very great labor. It contains no less than thirty-three elaborate statistical tables, which are of much value. In treating of the subject of consumption, the author draws a parallel between the States of Illinois and Massachusetts, exhibiting some very striking contrasts, which, as the northern third of Illinois is included within the same parallels of latitude as Massachusetts, are highly instructive. In Illinois, out of each thousand deaths, 109 only are caused by consumption, while in Massachusetts the mortality is 234. Dr. Hamill discusses the geological, the meteorological and topographical differences of the two States, then the social, the domiciliary and the dietetic. Illinois is a plain, without any barriers to prevent a general equalization of temperature, while Massachusetts presents a highly diversified surface. Illinois is almost woodless, while everywhere in Massachusetts there is more or less wooded country. The annual range of the thermometer is about six degrees greater in the former, and while the quantity of rain is about the same in each State during May, June, July and September, during the rest of the year one third more moisture in the form of rain and snow falls in the latter. Here is what he says of the transitions of temperature and hygrometric influences to which the dwellers in this State are subjected, as compared with those of his own:—

> The effect of hill and dale, light and shade, heat and cold, eddies and currents of air, all enter into the account as we sum up the characteristics of climate. In hilly and mountainous regions the temperature and humidity, and, consequently,

the electric state of the atmosphere, are not the same upon opposite sides of the same elevation. In the glens you meet sharp currents of air, in the coves it is stagnant as the waters of the Dead Sea. A few hours' journey over the hills of Massachusetts carries you up a long hill-side under a burning sun; the perspiration oozing from every pore; the lungs working with accelerated force to supply oxygen to the increased circulation; then down the northern slope among rocks, and ferns, and mosses, and evergreens, springs and miniature cascades, into an atmosphere laden with moisture that checks the cutaneous transpiration, drives the blood from the external capillary circulation, and shocks the sensitive mucous surfaces of the overworked lungs, suddenly lowering the vital forces; and you bless the speed that carries you to the warm sunshine and ascent again, only to wish for the cool shade that awaits you beyond the mountain top. Thus the topography subjects you to a succession of physical influences, which in their tendencies favor the development of local congestions and inflammations. No such conditions obtain in Illinois. The broad prairies lie in an atmosphere constantly in motion, and modified only by such causes as affect large districts of country. There are great and sudden changes of atmospheric temperature, but they would have to occur several times a day to produce effects such as are experienced in a hilly country.

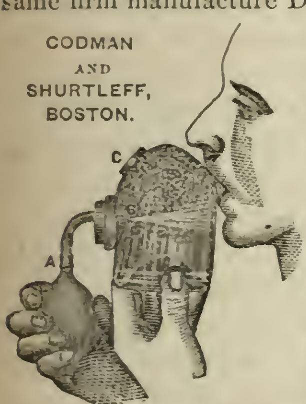
In discussing social influences, Dr. Hamill thinks the educational privileges of Massachusetts, and the love of knowledge and the fascination of books which follow in their train, are having a prejudicial effect on our people, by inducing too sedentary habits—a danger which the poverty of the masses in Illinois saves them from. In that State, also, the modern luxuries of over-heated and air-tight houses are almost unknown, and in their more loosely-constructed wooden tenements the hardy population have the benefit of a free admission of the external air. In the matter of diet, Dr. Hamill says the New Englander is more tempeperate in eating and drinking than the Western man; he does not consume half so much indigestible, empyreumatic oil in his hot bread, fried meats and eggs. We are forcibly struck, in this comparison, which we have thus hastily sketched, with the illustration which it gives of the law of compensation. Everything has its price; and the boasted advantages which we enjoy in the East are plainly bought by the sacrifice of much that is precious. It should stimulate us to a wise and moderate use of our privileges, and guide us in directing those hygienic influences which are within our control.

Dr. Hamill speaks in detail of several of the epidemic diseases which have prevailed in Illinois, and gives a large space to the city of Chicago, introducing elaborate tables of the age, sex and diseases of all who have died in that city for eleven years, each month being given separately; but our limits do not permit us to follow him. His paper, as a whole, is preëminently such as should find a place in the publications of the National Association—one that would not be likely to be called out in any other way.

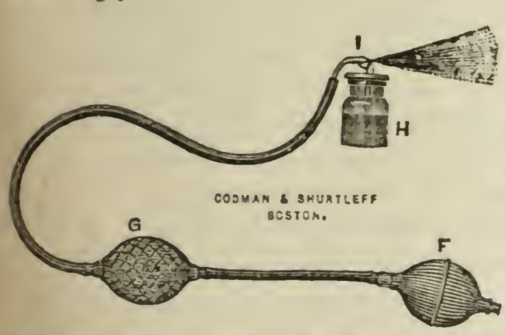
Other papers of great value, some of them of very great labor in their statistical details, are the report on the Ligation of the Subclavian Artery, by Willard Parker, M.D., of New York; a Contribution to the History of Hip-joint Operations during the recent war, containing statistics of twenty amputations and thirteen resections of this joint in the Southern army, by Paul F. Eve, M.D., of Nashville, Tenn.; a statistical table on Lumbar Colotomy, by George C. Blackman, M.D., of Cincinnati; the Report on Rank in the Navy, by W. M. Wood, M.D.; on Insanity, by Isaac Ray, M.D.; and the two Prize Essays—the one, on the Cause of Intermittent and Remittent Fevers, by J. R. Black, M.D., of Newark, Ohio; the other, by Montrose A. Pallen, M.D., of St. Louis, on the

Treatment of certain Uterine Abnormities. Want of space compels us to do injustice to these and other valuable papers at the present time by giving them merely this passing notice.

Atomizing Apparatus.—We feel we shall be rendering to our readers a service by calling their attention to some of the various forms of apparatus for atomizing liquids for purposes of inhalation, or local anæsthesia, which are manufactured in this city. So much use is now being made of these methods of local treatment, that it is fortunate for the profession that they thus have within reach all the apparatus necessary for a thorough trial of them. We some time since called attention to the steam atomizer of Messrs. Codman & Shurtleff. The same firm manufacture Dr. Henry K. Oliver's excellent hand apparatus for inhaling purposes. From personal experience we can speak of the convenience of this contrivance; and it also has the recommendation of moderate cost. In the accompanying figure the manner of using it is shown.



The liquid to be inhaled is placed in the glass jar, which is provided with two openings, one, C, for the entrance of air, the other for the exit of the atomized fluid. A Bergsen tube is set within the jar on the side opposite the inhaling aperture, the upright branch being partially formed of rubber tubing. The bellows bulb, A, supplies the air-current, and the finely divided liquid is thrown across the jar to the mouth of the patient or against the sides of the jar, by which it is still more finely divided. By this arrangement the face of the patient is entirely protected, and the exact amount inhaled can be accurately determined, as all the vapor which is not directly drawn in is condensed and falls to the bottom, to be again atomized, until the whole is exhausted. The apparatus is portable, can be employed by the patient himself, and we can recommend it strongly.



Messrs. Codman and Shurtleff also manufacture Dr. Andrew Clarke's atomizing apparatus, of which a figure is here given. In using this apparatus, the air is supplied by pressure on the bellows bulb, F, which forces it into the elastic chamber, G, which, by its alternate expansion and contraction, keeps up a continuous current through the atomizing tubes at I. H, the bottle to hold the fluid employed. The valves of this apparatus are so adjusted that it can be used in any position. It is useful for inhalation, or for the application of spray to inflamed eyes or excoriated surfaces. It is also employed, with the various tubes which can be adjusted to it, for the production of local anæsthesia, according to Dr. Richardson's method. The manufacturers have shown great skill in adapting these tubes to all possible conditions. In addition to the simple contrivance for local freezing, they have adjusted tubes in pairs, so that the spray may be applied at the same moment on both sides of a tooth; this arrangement, we are assured, has been very successfully employed for the painless extraction of teeth. A simple adjustment, of recent invention, admits of the ready employment of local anæsthesia in any position, without changing the tube, a great point gained; for application within the throat, or to the posterior nares, this contrivance is a great convenience.

Items from the International Medical Conference.—A physician from Montreal, Dr. Kingston, made the following important statement at the International Medical Conference, with regard to the prevailing diseases in Canada. He said that the two races inhabiting Canada, the French-Canadians and the English, follow a very different regimen and are subject to very different diseases. The French-Canadians eat much animal food—two or three pounds of pork daily. The English eat much less of it. Among the latter pulmonary diseases predominate, while those of the digestive system are most numerous among the former; but these are so infrequent and generally so mild in character, that he does not advise French physicians emigrating to America to turn their steps to Canada with a view to practise among their old compatriots, for they will not give them a living. The French-Canadians are in general more robust, larger and more muscular than the French, as he had been able to satisfy himself during his visit to France, and as he had noticed among the students of the two schools of medicine of the University of Montreal, the one French and the other English. Must we attribute, asks Dr. Kingston, these distinctive and strongly marked peculiarities exclusively to the difference of food, or to a longer acclimatization by the French-Canadians, whose ancestors were the first colonists of Canada?

The grand medal of honor offered by the Congress of Bordeaux for the best essay presented to the International Medical Congress, was awarded to Dr. Bourgarde, of Clerment-Ferrand, for an essay on the Principal Causes of Death after Surgical Operations.

In closing the International Medical Congress, M. Bouillaud, the President, proposed that in memory of the occasion, the walls of the amphitheatre should bear the inscription "*C'est ici qu'a siégé le premier Congres international en* 1867." He could not enumerate its labors, but they would hand its name down to posterity. He thanked with enthusiasm all those who had given it their co-operation, especially the medical press. May it obtain as a reward, he said, its crowning privilege, liberty, which is the first of all things, liberty of thought and understanding, the liberty of liberties! *(Prolonged applause.)* It must nevertheless have its limits, for everything has its laws, the physical as well as the moral world. There is no absolute, unlimited liberty. God alone is absolute, and next to him the right, according to the English motto, *Dieu et mon droit.* The sea has its limits, according to the words of Scripture, and the press, a kind of sea still more powerful and terrible, must have them also. *(Low murmurs.)* This liberty of the press will be the crown of the edifice, added M. Bouillaud, as my life has received its crown in the honor of presiding over this grand assembly of physicians of all nations. *(Applause.)*

Sir Dominic Corrigan's Charge against American and German Medical Schools. In connection with this subject, which we brought before our readers a few weeks since, we quote the following from the *Medical News*, as taken from the *Medical Mirror*:—

> As regards our American cousins, as they speak our language, and read our medical journals equally with ourselves, it is not necessary for us to do more than point out to them the above passage, and leave them to either acquiesce or refute the assertions of the learned baronet. At the same time, we must own that Sir Dominic Corrigan's assertion has taken us a good deal by surprise, for in no country is medical education better looked into, and no country can boast of more advanced teachers, or of a more high-classed medical literature. That there are quacks in America, we can believe equally well as we believe and know that such persons exist in our own country; but when it is stated that American universities sell their diplomas to all that can pay for them, just as beer or corn is sold, it is, in our humble opinion, clap-trap, and merely one phase of medical monopoly, which does not understand that international medical free trade does not mean international quackery. It is considered lawful for English corporations to give degrees as honorary distinctions to registered practitioners of well-known standing and ability, with either a very modified examination, as in the case of registered practitioners seeking the license of the London Royal College of Physicians, or with none at all, as has lately been shown at the last meeting of the British Medical Association in Dublin, or as yearly happens when the fellows of the London Royal College of Physicians are elected. We do not see why British colleges, which take upon themselves to decorate members of the British profession, should have a monopoly in this matter, and seek to exclude foreign universities from granting their diplomas to qualified British practitioners. To do this is not wrong, but an international medical courtesy that we wish were more cosmopolitanly followed than it is at present. * * * * * *
>
> Dr. Wilbrand, Dean of the Medical Faculty of Giessen, emphatically denies the accusation against that school. The fact seems to be, that Sir Dominic has been egregiously hoaxed, and, in his eagerness to utter something astounding, has never stopped to inquire into the credibility of his informer. He has consequently been victimized, for which, under the circumstances, few will pity him.

Licentiousness in Paris.—We take the following extract from an interesting letter from Prof. Edmund Andrews, published in the *Chicago Medical Examiner:*

> There are some curious developments of human nature in Parisian licentiousness. The strumpets often have a high opinion of themselves, and are even very pious. Here are specimens of their petitions to the Prefect of Police. One commences thus:—
>
> "*Monsieur le Prefet:*—Being incapable of labor, in consequence of a double hernia and other grave maladies, it is not for the gratification of my passions, nor from bad habits, that I have for ten years been enrolled in your office (as a prostitute). The testimony from all my neighborhood, Monsieur le Prefet, will prove to you that I have, to some extent, effaced by my *morality*, *my decency*, and the *regularity of my conduct*, the degradation of my condition."
>
> An old woman, aged 82, applies in the following terms, for permission for her daughter and granddaughter to open a new house of prostitution:—
>
> "*Monsieur le Prefet:*—At the age of 82 years, and the mother of a numerous family, I implore, Monsieur le Prefet, your aid and protection. You who are the father of the poor, the support of the widow and the orphan, the stay of the afflicted, and the refuge of the unfortunate, will certainly not refuse my request. At an age so advanced, feeling myself near the time when I must render up my soul to God, and appear before my Creator, it is my duty to provide for my children, and to transmit to them my means of subsistence." Then follows her request for permission to establish a brothel, under charge of her daughter.
>
> Another woman petitions for leave to open a new house, promising the Prefect that she will keep in it only "the most distinguished women," who will attract men of such irreproachable character, that "tranquillity, order, faithfulness and

healthfulness will be the inevitable result." Moreover, she declares that the splendor of the house and its furniture will be such that Paris will glory in it.

Another commences her petition as follows:—

"*Monsieur le Prefet*:—I have been a registered woman for ten years, and have lived in my own apartments *(fille de chambre)*. Feeling bound in honor to preserve intact the reputation of *honesty and delicacy* which I have acquired in my neighborhood, I am forced, in order to fulfil *sacred engagements and to pay some debts of honor*," &c. &c.

A Wolf in Sheep's Clothing.—In Switzerland a wolf in sheep's clothing has been admitted to the fold of the tender lambs. A young man by the name of Piquilloud, disguised as a woman, and assuming the name of a celebrated American female practitioner, has been practising medicine and surgery, particularly as a specialist in the diseases of women. In this way he was admitted into many families; and the fraud was not discovered until "the concupiscent and luxurious hermaphrodite," to borrow the words of the *Union Médicale*, called upon a hair-dresser to purchase a *chignon*. The impostor was convicted of illegal practice by the tribunal of police of the Canton Vaud, and condemned to a month's imprisonment. "A warning to husbands and too confiding fathers!"

Boston Free Public Baths.—During the month of September the number of bathers was 63,688; of whom 11,955 were men, 42,901 boys, 2,415 women, and 6,417 girls, being an excess of 21,965 over the number during the corresponding month in 1866. The whole number of baths given for the four months of the present year was 806,230, against 433,690 last year. This result is most gratifying, and probably had not a little to do with the general good health in Boston during the present season. The cost to the city this year will be about $25,000, or a little over three cents a bath; last year it was a little more than four cents.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, October 12th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	37	42	79
Ave. mortality of corresponding weeks for ten years, 1856—1866	46.4	41.2	87.6
Average corrected to increased population	00	00	96.73
Deaths of persons above 90	0	0	0

Communications Received.—Pediculi Vestimentorum. By F. B. Greenough, M.D.—Forced Respiration. By C. W. Spofford, M.D.—Splanchnoscopy.

Books Received.—Catalogue of the Army Medical Museum. (From Surgeon-General U.S.A.)—Epidemic Meningitis, or Cerebro-spinal Meningitis. By A. Stillé, M.D. Philadelphia: Lindsay & Blakiston.—Hufeland's Art of Prolonging Life. By Erasmus Wilson, F.R.S. Philadelphia: Lindsay & Blakiston.

Died,—In Francestown, N. H., Oct. 11th, Dr. Daniel F. Frye, aged 53.

Deaths in Boston for the week ending Saturday noon, Oct. 12th, 79. Males, 37—Females, 42. Abscess, 1—accident, 1—anæmia, 1—congestion of the brain, 1—disease of the brain, 4—burns, 1—cancer, 1—cholera infantum, 4—consumption, 21—convulsions, 1—cyanosis, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—dysentery, 1—scarlet fever, 3—typhoid fever, 2—gastritis, 1—disease of the heart, 3—infantile disease, 2—intemperance, 1—disease of the liver, 3—inflammation of the lungs, 3—old age, 1—premature birth, 2—puerperal disease, 1—disease of the spine, 2—suicide, 1—teething, 1—tumor, 1—unknown, 10.

Under 5 years of age, 28—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 13—above 60 years, 14. Born in the United States, 53—Ireland, 26.

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PEDICULI VESTIMENTORUM.

By F. B. GREENOUGH, M.D., Boston, Surgeon to the Venereal Department of the Boston Dispensary.

[Communicated for the Boston Medical and Surgical Journal]

IN spite of the veil of obscurity that has been thrown around the whole subject of cutaneous disease by theoretical writers and teachers, there is no branch of medical science that offers so clear and fair a page to the observer, if he only knows how to read it; but to be able to do so he must have studied his alphabet at the bedside and not in elaborate treatises. The effects produced on the skin by parasites and vermin constitute quite a large proportion of the cutaneous diseases, especially in those countries where the poorer classes live in great destitution and misery, as, for example, in the East; and undoubtedly many of the wonderful cases of diseases of the skin that are described as being common in eastern countries are due entirely to these causes.

One of the most common species of vermin that infests man is the pediculus corporis, or body louse. With us, where luckily even the poorest people are comparatively clean in their habits, it is not very frequently met with; but any one who served in our past war probably had an opportunity of becoming acquainted with the insect. Its presence is, however, often overlooked, as it is *never* found on the skin, but always on the clothes; so that a person may be almost eaten up by these vermin, and yet on stripping not one will be seen on him. When the clothes are taken off they crawl into the folds and under the seams, and unless one knows where to look for them even the clothes may be examined without effect. Hebra, who has opportunities in his wards of observing an immense number of such cases, insists very strongly on this fact, and on this account rejects the name of pediculi corporis and substitutes that of pediculi vestimentorum. Although they resemble in general appearance the pediculi capitis, they are distinct species, and never mingle with each other.

It has been noticed for a long time that persons who were infested with these vermin were also afflicted with various eruptions and disorders of the skin, and by that only too common process of putting the cart before the horse, the lice were supposed to be caused by the diseased condition of the skin. Some authorities even claimed that the vermin were spontaneously generated in the unhealthy skin; others were content with the supposition that they were particularly fond of diseased persons, and found on them a congenial habitation. This peculiar disease was called phtheiriasis. The truth of the matter is, that the lice are the cause of the cutaneous disorder and not the effect.

The appearances produced on the skin by the presence of these vermin have been described under the name of prurigo pedicularis; they are many, and there would be a great opportunity for one wishing to cover many pages, to give a minute and elaborate description of the different varieties, beginning with prurigo pedicularis papulosa or lichenodes, and going through prurigo pedicularis, eczematodes, impetiginodes, ecthymaformis, furunculosa, phlegmonodes, up to gangrenosa, and perhaps dividing each of these seven varieties into four subdivisions, as they happened to be found on a patient who was, or was thought to be, a victim of the scrofulous, syphilitic, herpetic, or arthritic diathesis.

The only manifestation on the skin which is directly caused by the louse, is a small red papule which appears immediately after the bite, and which itches very violently. If this is not scratched, it gradually loses its redness, and in the course of from twelve to twenty-four hours has disappeared entirely; if, however, the desire to scratch is not withstood, the hyperæmia and irritation last longer. All the various eruptions that are observed on the skin of persons infested with lice, except the small papules already mentioned, are caused by scratching; and no one who has not seen such cases can conceive how such patients tear themselves to pieces. It is not uncommon to see excoriations several inches in length, where the finger nail has dug down into the deep layers of the epidermis. The result of this continual irritation of the skin is an artificial eczema; pustules are formed where the skin is deeply wounded, circumscribed phlegmonous inflammation (furuncles) takes place, and in old cases certain parts of the skin are one mass of crusts, scabs and boils, with long excoriations covered with dried blood, where the nails have literally ploughed through the epidermis. As these insects never leave the clothes, it follows that those parts of the person that are uncovered, as the face, hands, and in poor persons the feet, will not be affected. Moreover, there are certain regions of the body that are more exposed to their bites than others, namely, those parts where the clothes are in closest proximity to the skin, such as the nape of the neck and shoulders, where the shirt lies in actual contact with the skin, and also the waist and loins. It is on these parts that we always see the greatest amount of disease. There is one other very important characteristic of such a skin, and that is the pigmentation that takes place, some patients turning almost black. This is due to an increased amount of pigment in the rete mucosum, and is probably caused by the hyperæmic condition of the skin produced by the itching and scratching. We see many instances of chronic hyperæmia of the skin which are followed by pigmentation, as the dark patch which remains after a blister, the brown spots that remain after the disappearance of a chronic eruption, or more commonly still, the tanned appearance of the face after being exposed to the rays of the sun.

Often, round dark spots will be seen, of various sizes, with a white spot in the centre; these are the remains of furuncles, the dark periphery showing where the hyperæmic base was, and the white spot being new cicatricial tissue formed by the healing of the cavity left after the discharge of pus.

The general appearance, then, of a patient infested with lice may be summed up as follows. Evident marks of violent scratching on different parts of the body, especially on the shoulders and loins; various lesions of the skin in the same regions, from a papule up to large furuncles, and an irregular pigmentation of the skin, with some spots of a dark brown. With regard to the diagnosis, there can be no doubt when the lice are found; but as the patient may be seen after he has put on clean clothes, or may come in to a hospital for some other disease and have been put into a clean bed, it is important not to be dependent on the actual presence of the louse for the diagnosis.

As the manifestations of prurigo pedicularis on the skin are due to scratching, any trouble which causes violent itching must call forth similar appearances. Of the eruptions which are accompanied with violent itching, some, as eczema and herpes tonsurans, are so well marked in their characteristic lesions of the skin as to render the confounding them with prurigo pedicularis impossible; with others, on the other hand, the mistake might be more easily made. Such are pruritus, true prurigo, and scabies. In these the gross manifestations on the skin are due to the same cause as those of prurigo pedicularis, i. e., the finger nails. Luckily, however, we have a means of diagnosis in the different distribution of the cutaneous manifestations. Under the head of pruritus, Hebra describes those cases which consist in a violent itching without any visible lesion. It mostly occurs in old persons; hence by some writers it is called pruritus senilis. In some cases the irritation is very severe and the patients scratch themselves terribly, but the marks of scratching are impartially distributed over the whole body; whereas, as we have seen in prurigo pedicularis, they are much more marked on the shoulders and loins. The same may be said of those cases of great cutaneous irritation which are sometimes seen in patients who are jaundiced; here, however, in addition to the distribution, we have the yellow tinge of the skin and conjunctivæ to help us in our diagnosis.

In true prurigo the primary lesion consists of a small papule, and the secondary manifestations—excoriations, pustules, &c.—resemble those of prurigo pedicularis. But the regions preëminently affected are the lower parts of the legs, next the thighs, the abdomen, the forearms and arms. The bends of the joints are free, and the shoulders are very little affected. Moreover, it is a disease which *always* dates back to early childhood, if not to infancy. The skin of the lower extremities is thickened and dry, and communicates a peculiar, rough, dry feeling to the hand when rapidly rubbed over it. The inguinal glands are also always enlarged. As this disease is a terrible infliction to the victims of it, and is incurable, it is very important with regard to our prognosis not to confound it with prurigo pedicularis, which yields to the simplest means of cleanliness.

With regard to scabies, the presence of the acarus, or its burrow, gives us, of course, a sure diagnosis. But even without this, the differential diagnosis is not difficult. The parts especially affected in scabies are the abdomen and front part of the thighs and the nates, the legs and arms being comparatively free. Moreover, the secondary manifestations seem to take more of an eczematous character, and we rarely, if ever, see such excoriations and boils as we do in prurigo pedicularis. The characteristic pigmentation of the latter is also wanting.

From what has been said, it must be seen how important it is to become accustomed to the general appearance of a cutaneous disease by seeing the whole skin at once. Hebra insists on this point, and always strips his male patients entirely. In that way an idea of the different distribution of different diseases is obtained that no amount of description can give, and I am confident that any student who had followed Hebra's clinic for a month would, at first sight, have pronounced a case to be one of prurigo pedicularis, which was pointed out to me at the St. Louis, in Paris, as a specimen of the "ecthymo-furuncular diathesis."

The treatment of prurigo pedicularis is most simple—remove the cause. From what has been said of the habits of the louse, it is evident that to do this nothing is necessary but to remove the clothes; and the use of parasiticides, as solutions of corrosive sublimate, mercurials, sulphur ointments, &c., as recommended in the books, is not merely superfluous but positively injurious, as they only increase the irritation of the skin. The clothes should be either boiled, or baked in an oven, at a temperature high enough to destroy the insects and their eggs; for this, 160°, the temperature at which albumen coagulates, is enough. The patient should have a few tepid baths for the sake of cleanliness, the crusts should be removed by emollient poultices or salves, and in a short time he will regain a normal epidermis, though the pigmentation will remain for some time.

That a knowledge of the appearances produced on the skin by vermin is not useless will, I think, be shown by the three following cases. At a hospital in Paris, I saw what was called a typical case of Addison's disease. The patient had the discoloration of the skin, the cachexia, to a marked degree, the pains in the ileo-lumbar regions, which have been described as symptoms of that disease, and also an obstinate diarrhœa. The discoloration of the skin was nothing more than the result of lice, and the *interne* on service told me that the man was covered with vermin when admitted to the hospital; he also said that he had physical signs of a cavity at the apex of one lung. The man died, and by the politeness of the *interne* I saw the autopsy. There was a cavity in one lung; both were the seat of tubercular masses, and the whole of the intestine was studded with small ulcerations, but the supra-renal capsules were normal. Had there by chance been a tubercular mass found there as well as elsewhere, it would of course have gone down to posterity as another well-marked case of morbus Addisoni.

A short time afterwards, I saw a similar case at another hospital, on which one of the ablest young men in Paris lectured for an hour, as a case of Addison's disease. It was the more interesting, he said, from the fact that it was combined with vitelligo. What he pointed out as vitelligo were the small white cicatrices in the centre of dark pigmented spots, which were left by furuncles. The distribution of the pigment was such as to leave no doubt as to its having been caused by lice, and the patient told me afterwards that previously to entering the hospital he had lived in great misery and want, and had at that time been troubled with great itching of the skin. On a very imperfect examination, I found slight dulness and rudeness of respiration at the apex of one lung. Patient had had hæmoptysis and an obstinate diarrhœa. As he was still alive when I left Paris, I cannot say that there was no disease of the supra-renal capsules; but whether there was or not, it was evidently like the case previously mentioned—simply a case of tuberculosis in a person who had been infested with lice.

I was consulted last summer, in Paris, by a young gentleman who had just returned from a journey in the East and up the Nile. For six months he had been suffering with what he called a horrible cutaneous disease; he had been under treatment, and the physicians had told him that his blood was in a very bad state. He had taken arsenic for three months, at the end of which time his "digestion was so disturbed" that his treatment was changed, and he was put upon a course of belladonna. There was, however, no improvement, and he was very much discouraged about his health.

On examination, nothing was to be seen but marks of violent scratching; his legs, especially about the ankles, were covered with excoriations, pustules, scabs and furuncles. I told him that the only cause of his trouble was that he had been for a long time severely bitten by fleas, bedbugs, and perhaps other vermin. He said that the boats and hotels in the East were very filthy, but could not believe that such results as he had on his skin could be produced by such causes, unless his blood were in a very unhealthy condition. As I felt sure that, having got away from the East, he would not be any more troubled, I gave him some simple soothing lotion and persuaded him to wait. On seeing him again, he told me that he began to think I might be right, as he had had a slight relapse, and on examining his clothes had caught a flea. I saw him a few days ago, perfectly well, and convinced that his troubles were not due to any mysterious disease of the blood.

In this case, a knowledge of the effects of vermin on the skin would have at least been useful to the following extent, viz., the waste of a large amount of arsenic would have been prevented.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

SEPT. 9th.—*Cases of Ascites.*—Dr. MORLAND reported the following cases of patients under his care at the City Hospital. The notes were furnished by Mr. R. H. Fitz, one of the Medical House Officers. In the first two patients, peritonitis followed *paracentesis abdominis.*

CASE I.—*Ascites; Peritonitis after Tapping; Fatty Degeneration of the Kidneys.*—Emma Y., a cook, 28 years old, entered the hospital on the 27th of April, 1867. She was of dissolute habits, and confessed having had a child, although unmarried. She acknowledged indulgence in spirituous liquors, and had a broken-down, dissipated aspect. Her statement was, that, in December, 1866, she caught cold, and dyspnœa, with cough, followed. She was able, however, to do her usual work, until about the first of April, 1867, when dropsical swelling first appeared. Sharp pain was felt, at this time, in the lumbar region. No hæmaturia is reported. Nausea, vomiting, and a certain amount of delirium supervened. Œdema began in the feet; and, in the course of a week, the legs and abdomen were swollen. During the two weeks just preceding her admission, the right arm and chest have become much enlarged. She lies, constantly, upon the right side, and has done so for several weeks—decubitus on the left side causing sharp pain in the left lumbar region. Her appetite is good, but the ingestion of food excites nausea and vomiting. At times, the patient is dizzy, but no complaint is made as to the eyesight. The catamenia were regular until two months before the dropsy appeared; since then, there has been persistent leucorrhœa.

At the time of her entrance into the hospital, her respirations were 32 in the minute, her pulse 120. The right arm and the right side of the chest were œdematous, pitting deeply on pressure; there was ascites, and the legs were œdematous. Two small ulcerations on the calf of right leg, caused by distention, gave rise to a copious flow of serous liquid. Left chest healthily resonant; right somewhat dull. Respiratory sounds normal in left lung; feeble at the base of right lung, and accompanied by coarse crepitant râles. *Heart.*—Mitral systolic souffle, heard loudest over the apex, and masking the first sound. *Urine.*—Under the microscope, hyaline, and faintly granular, casts were seen; also abundant renal and club-shaped epithelium. An immense amount of crystalline urates observed. The urine was examined three or four times, with the same result.

Treatment.—Numerous dejections were at once procured by means of the bitartrate of potash and powder of jalap. A solution of the bitartrate was allowed freely as a drink; and also six ounces of sherry wine, daily, with such nourishment as she could take, her prostration being extreme.

May 3d.—The abdomen was tapped, two inches below the umbilicus, and twelve pints of a clear, yellow fluid were withdrawn, giving great relief to the respiration, which had been very difficult. On the following day, there was marked abdominal pain. At 5 o'clock, A.M., May 6th, Mr. Fitz was called to the patient, and found her breathing easily, with internal strabismus, the eyes seeming to protrude from the orbits—her expression was extremely anxious—almost wild. A serous fluid was exuding from the orifice made by the trocar. Pulse very quick and feeble; hands cold, legs warm. Patient complained of loss of sight. The tongue could be protruded in a straight line. On putting direct questions to her, she returned rational answers; but almost immediately she would wander, and mutter incoherently in a low tone. Stimulants were ordered. At the regular morning visit, patient was in a state of collapse; the respirations long-drawn and irregular; pulse imperceptible; extremities cold and livid; complete insensibility; moribund. Death took place shortly after the visit.

The case is chiefly noticeable on account of its rapidity and severity, the patient having been only nine days in the hospital, and about five weeks off from her usual employment.

The necroscopic examination was made by Dr. Swan, at 4 o'clock, P.M., of May 7th, and his statement is appended. Nothing is reported, as noticed in the heart, to account for the distinct souffle persistently heard during life; which is rather remarkable, since it can hardly be supposed to have arisen from any peculiar blood-condition, or to have been a mere functional phenomenon. The same is true with regard to the internal strabismus, observed on the last day of patient's life; there was nothing explanatory found in the brain. It may, perhaps, be regarded as a mere accompaniment of the moribund condition, without special significance; it cannot be referred to any apparent cause.

Post-mortem Appearances.—Moderate emaciation. Face somewhat livid. Some hypostatic discoloration. But little rigor. Abdomen distended and tympanitic. *Head.*—Membranes rather moist, but no very abnormal amount of serum, anywhere. Vessels of pia mater, over hemispheres, and at base, rather turgid. Choroid plexus anæmic. Puncta cruenta distinct. *Lungs.*—Both lungs showed some dark, hypostatic congestion, but were otherwise not remarkable. Moderate, rather firm adhesions on both sides. Hydrothorax in both cavities, particularly the right, to the aggregate amount, by estimate, of three and a half quarts. *Pericardium and heart* well. The latter contained only soft, black coagula. *Abdomen.*—General peritonitis. Marked, diffused redness and apparent thickening of the anterior portions of the parietal membrane, particularly on the right side. The surfaces of the intestines, which were moderately adherent by fibrinous exudation, were painted, here and there, with a vivid, rather deep, red. In the whole sac, there were about four pints of serum. *Liver* rather dark. *Gall-bladder* filled with dark viscid bile. *Kidneys.*—Slightly below the normal size ; cones deeply congested ; cortex perhaps a little thin ; by microscope seen to be in a state of fatty degeneration. The capsules separated with abnormal readiness, slipping back on both sides under the grasp of the towel, when the usual longitudinal section was made. The *stomach* contained thin, blackish, almost bloody looking fluid. Intestines much distended by gases ; they appeared otherwise well. *Bladder.*—Not remarkable ; it contained a small quantity of urine.

Case II.—*Ascites; Peritonitis after Tapping; Disease of the Liver and Kidneys ; Enlarged Spleen.*—George G., 30 years old, hostler, entered the City Hospital, May 2d, 1867, with ascites. No hereditary tendency to disease ascertainable. Patient is not, and never has been, addicted to the use of intoxicating liquors. He always had good health until two years ago, at which time he was employed on board a Pacific mail steamship, running between San Francisco and the Isthmus of Panama. Two months after entering upon his duties he experienced severe pain, referred to the lower portion of the sternum, and which persisted for about four weeks. There were night-sweats, jaundice and clay-colored stools. There was never any pyrexia in his case. After recovering from this attack, he came to the North, and has been neither strong nor in good health since. One year ago, he again passed clay-colored fæces. Dropsical swelling began three months since ; first over the right malar bone. The legs, feet and abdomen then became, successively, enlarged. Four weeks ago, the ascites having greatly increased and being very troublesome, the trocar was introduced, and fifteen quarts of a clear, yellow fluid were removed. A week ago, light-colored stools re-appeared ; and were attributed, by the patient, to eating two lemons, daily, during the preceding two weeks. For the past three weeks he has had two, and sometimes three dejections daily ; they were not watery ; the amount of each discharge was less than normal.

Patient's appetite has been excellent throughout. No headache, vertigo, troubled vision, nor hæmorrhoids. In the course of the past few days, he has complained of griping pains, referred to the lower part of the abdomen, and has said that his legs felt " numb."

When first visited at the hospital, he was in bed ; the face a good deal emaciated and of a jaundiced hue. Sclerotics clear, white. Respiration easy ; pulse 96, feeble. Tongue moist and clean. No thirst. Quantity of urine small, not high-colored. There was good resonance over the lungs ; cardiac dulness not increased. Respiratory sounds heard below the inferior angles of the scapulæ. No soufile heard in cardiac region. Abdomen greatly enlarged, not œdematous. Superficial veins readily seen. Intestinal resonance strongly marked at the epigastric region, less intense in umbilical and hypogastric divisions. Dulness at the flanks. Fluctuation throughout. The boundaries of the liver and spleen could not be accurately defined. Legs and feet œdematous. Right leg more swollen than left. All examinations of the urine furnished the same results as that first made, viz., no albumen nor casts.

There was so much dyspnœa and discomfort, two days after patient's entrance, that tapping was again resorted to, and twenty-three pints of a clear, yellow fluid were removed.

May 6th.—There being now an opportunity for palpation, &c., it was ascertained, on percussion, that there was a doubly increased area of dulness in the splenic region ; over the hepatic region the area of dulness was diminished. The liver lay entirely beneath the ribs and cartilages, except at the right edge of the sternum, where it could be felt.

May 15th.—A sharp, fixed pain was complained of, referred to the small of the back.

16th.—Dejections costive. *Erysipelas* has appeared on the left side of the face. The patient had an attack of this, he states, just before the first supervention of the ascites. The throat is now somewhat painful, and has an erysipelatous look.

The erysipelas gradually extended downwards. On the 20th of May the scrotum became swollen, red, excoriated, and very painful. The chief complaint at this time was of the scrotal enlargement and soreness. A suspensory bandage was applied, and gave great relief. The erysipelas finally covered the lower limbs.

27th.—Legs very painful. Pulse 120, very weak. Expression of countenance indicative of great anxiety and suffering. Eats but very little. Bowels constipated. At evening visit, the cornea was glazed, the pulse extremely weak.

28th.—Patient had failed slowly through the night ; is quite unconscious this morning. Pulse cannot be counted ; extremities cold. He died at 1 o'clock, P.M.

The treatment, throughout, was of a supporting character. As much nourishing food was allowed as the patient could take. Citrate of iron and quinine was given. Solution of bitartrate of potash as a drink. Also ale, gin, and sherry, at different times. Constipation was relieved by a powder containing, as its chief ingredients, calomel and bitartrate of potash.

The *post-mortem* examination was made by Dr. Swan, May 29th, 1867, nineteen hours after death, and his account is appended.

"The organs were removed by Mr. Fitz, whose report of the appearance of things *in situ*, &c., is embodied in the following account. Very marked lividity of depending portions of body. Grumous discharge from mouth. *Thorax.*—Lungs collapsed readily when the cavity was opened. Apices free. Two or three pleuritic adhesions on the right side, old. Small amount of bloody fluid in left cavity. No tubercular disease of note. *Heart* well. Half a pint of yellow serum in pericardium. No evidence of inflammation. *Abdomen* very much enlarged. Serum spurted from a small incision in hypogastrium. Twenty-seven pints, in all, removed. Numerous flocculi present. General peritonitis. The intestines were glued together, the parietal peritoneum was thickened, and the upper surface of the liver was covered with a white, thickened peritoneal investment. No local congestion. The orifice made by the trocar had closed. *Liver* did not project beyond cartilages. It was flat, flaccid, thin edged and tough. It was not friable, nor was it cut easily. Its surface was distinctly uneven, but not hob-nailed. Surface of section faintly mottled with yellowish circlets of various sizes, the largest one fourth of an inch in diameter. Many cells were fatty. *Spleen* very large and firm. Weight, one pound and three fourths. *Kidneys.*—The *right* kidney rather above the normal size, smooth, pale, with easily separated capsule. The epithelium was well preserved, considering its highly fatty condition, much of it precisely resembling that from a moderately fatty liver. Among the rest were here and there perfectly healthy nucleated cells. The *left* kidney was considerably below the normal size, darker colored than the right. Cortex somewhat atrophied, and a decidedly wavy outline of the section. The capsule adhered slightly. Fatty degeneration less well marked than in the other kidney, with a larger proportion of healthy cells, although some sections showed a granular breaking up of tissue, which made the outline of distinct tubuli very difficult to trace in those parts. *Pancreas* and other organs, as far as examined, healthy. *Bladder* firmly contracted upon a few ounces of urine."

Case III.—*Ascites; Cardiac and Hepatic Disease.*—Timothy C., an Irish blacksmith, 24 years old, entered the hospital May 22d, 1867. He had been four years in this country; by his own statement, his habits were correct, but, after his death, his sister said that, during three months, a year or two since, he was a "hard drinker." An attack of ascites, at that time, induced him to reform. The dropsy soon disappeared.

The history of the illness for which he entered the hospital is as follows:—The first symptoms, shortness of breath, loss of appetite and slight cough, came on three weeks ago. The abdomen gradually enlarged, finally the feet and legs became œdematous, and, at times, the face would be swollen. During the past week, the patient has complained of soreness at the upper part of the abdomen. There has never been any palpitation of the heart, nor any pain in the cardiac or renal regions. Skin cool and dry. Respirations, 24 in the minute. Pulse irregular, very feeble—so much so as to render it impossible to count it. Tongue natural, appetite nearly null. Bowels regular; urine high colored and scanty; no albumen nor casts detected at any of the several examinations made. Patient has never had rheumatism; and no hereditary predisposition to disease of any sort can be traced.

On examination by percussion and auscultation, the left chest was found dull at the base. The right chest was sufficiently resonant. Area of cardiac dulness much increased. Crepitant râles heard at the base of each lung. There was never any cardiac murmur heard during the patient's stay in the hospital.

The abdomen was much enlarged; resonant above, dull at the flanks; fluctuation throughout. Hepatic boundaries cannot be made out. *Diagnosis.*—Hepatic disease; hydropericardium.

May 23d.—Pulse 108; counted with extreme difficulty; its other characteristics, the same. Patient feeble. Cream of tartar water was ordered as a drink; the cardiac region was painted over with the tincture of iodine, and ten drops of the tincture of the chloride of iron directed, three times a day. During the succeeding week, the patient had sleepless nights, and complained greatly of cough and of some pain in his left side. Sonorous and coarse crepitant râles were heard. Cough mixtures, with anodynes, were prescribed.

28th.—The abdomen measured 42 inches in circumference; in health, he stated it to measure about 36 inches. Tapping was not resorted to, the dyspnœa not being extreme. There was no especial change in the patient's condition until June 8th, when bloody expectoration occurred, not pneumonic in character. Aromatic sulphuric acid was unavailingly employed. Pills of acetate of lead and opium seemed to have but little effect. The legs became more œdematous; and the thighs, at last, extremely so. The scrotum and the integuments of the penis were largely infiltrated. The great discomfort arising from the distention of the scrotum was considerably relieved by a suspensory bandage, but, on June 18th, puncture was resorted to, and a large amount of serum drained away. Dr. Blake saw the patient at this time, and suggested the use of the acetate of potash in conjunction with vinegar of squills, which was tried. Also parsley-water (Petroselinum sativum) as a drink.

June 19th.—A hot air-bath was given, and profuse diaphoresis resulted. Jalap and cream of tartar, in combination, had been previously administered, at intervals, as the most appropriate cathartic.

20th.—At 6¼ o'clock, A.M., the House Officer was called and found the patient moribund. He had seemed to be in good spirits during the morning, and had conversed freely with fellow-patients, but suddenly, without any known cause, made three or four full inspirations, and then fell into the following condition:—The respiration had ceased. Heart's sounds heard, though very faintly; radial pulse imperceptible; some lividity of the hands; pupils widely dilated. Artificial respiration was made use of, and one full inspiration—unfortunately the last—was obtained. Stimulants, of course, were given at once. During his illness, the patient had taken, at various times, gin, sherry and brandy.

The results of the *post-mortem* examination, which was made by Dr. Swan, nine hours after death, are highly interesting, and the specimens were exhibited by him to the Society. The following is his account.

Body anasarcous. Lower extremities highly œdematous; penis and scrotum much infiltrated; left arm moderately œdematous, right but little so. Abdomen distended. Superficial cicatrices, the result of distention, upon the lower half of abdomen and upper portion of thighs. Lividity of face, neck, shoulders and arms. Rigor strong. Pericardium distended by upwards of four pints of fluid of the color of prune-juice, or a strong decoction of coffee. The unopened sac, as it lay, measured, in its long diameter, in the direction of the axis of the heart, nine inches; at right angles to this in the same plane, seven inches; on the median line of the body, somewhat less. The sac was considerably thickened; its inner surface roughened with thin, irregular fibrinous deposits and discolored by different shades of patchy redness, with intermediate smooth portions of a pale greenish yellow. In the crypts about the base of the heart the fibrin was in lumpy masses, curdy and friable, greenish within, brownish at the surface. A thick mass behind the entrance of the right veins had the brown tinge throughout, as if at this point blood had escaped through it to discolor the serum. On the ventricles, the deposit was in the form of interrupted streaks or islands, with a trend towards the apex, and was most abundant on the left. Wherever fibrin adhered, its seat frequently corresponded with sharply defined ulcerative loss of the serous membrane. The heart was well, excepting the folds of the aortic valve, which were opaque and somewhat stiffened and thickened. The contiguous sides of two of the folds were extensively fused together, and appeared to have afterwards become atrophied behind the limit of adhesion, so as to form approximatively one large free pouch, apparently as efficient as if its elements had remained separate. Rather general old adhesions between the right pleural surfaces; a few firm bands in the left cavity. The latter contained a quart of ordinary serum. Three large nodular apoplectic effusions occurred in, respectively, the right upper and lowest and left lower lobes of the lungs. The deposit in each case occupied the postero-inferior portion of the lobe. Larynx and epiglottis healthy. Sixteen pints of brownish-amber-colored serum in the abdominal cavity. Liver large; well-marked nutmeg appearance. Bile dark. Spleen of medium size, quite firm. Kidneys remarkably firm, but presented nothing abnormal, either in gross or microscopic appearance. Mucous membrane of stomach red from injection of its vessels.

Dr. Swan remarked, in addition, that, with the existence of a comparatively slight amount of valvular disease of the heart, as compared with the anasarcous condition of the body, the question arises whether the latter may not have been due to the pressure of the fluid in the distended pericardium upon the venous orifices of the heart, or upon the organ itself: due, that is, to a mechanical cause—especially in the absence of renal disease.

Case IV.—*Ascites; Œdema; Paracentesis Abdominis; Amendment.* Catherine McM., an Irish servant, entered the City Hospital July 19th, 1867. No hereditary tendencies to disease could be ascertained. Her health had always been excellent until she came to this country, seventeen years ago, when she contracted intermittent fever. There have been occasional attacks since. Three years ago, she entered the Massachusetts General Hospital, with dropsy, and was discharged well in six weeks. Six months since, her abdomen began to swell, and for three weeks just previous to her admission into the City Hospital, the feet, legs and face became swollen.

On exertion, she has much palpitation of the heart; there is no pain complained of; jaundice has never been manifested. Hæmorrhoids have been troublesome. The catamenia ceased eight years ago.

At the first visit, she was sitting up; the abdomen was greatly distended and there was very marked fluctuation. The lower limbs were highly œdematous, pitting deeply on pressure. Countenance anæmic; respirations 20 in the minute; pulse 100; tongue natural; appetite good; no dejection for seven days.

July 25th.—Dyspnœa being quite troublesome, the abdomen was tapped, and twenty-six pints of a clear, yellow fluid were removed. On careful examination, subsequently, nothing abnormal could be discovered within the abdomen. At night, the patient complained of soreness about the puncture.

26th.—Dizziness and slight abdominal tenderness were reported.

29th.—No dejection for seven days. Powdered jalap and bitartrate of potash were ordered—ten grains of the former with a drachm of the latter.

30th.—The orifice made by the trocar re-opened to-day. A large amount of fluid escaped, soaking the mattress and dropping upon the floor beneath the bed. Patient feels somewhat weak and complains of dizziness; pulse 88.

On the 1st of August, Dr. F. E. Oliver took charge of the wards, and directed for this patient the following:—Tincture of digitalis, five drops; tincture of squill, ten drops to be administered thrice daily.

August 3d.—The patient thinks the amount of urine increased—no measurement recorded.

7th.—Feels stronger and looks better.

9th.—Swelling less.

14th.—Has cream of tartar water to drink.

29th.—Swelling is again recorded as much diminished.

Sept. 6th.—The patient's condition is much the same; she is in all respects comfortable; is up and about the ward during the day, and sleeps well at night. Her appetite is good, and her bowels quite soluble. She measures 44 inches around the fullest part of the abdomen.

From the first, the cause of the ascites was supposed to be organic disease of the heart, although no little obscurity existed. There was a generally anæmic aspect, but slight lividity of the lips, suggesting cardiac trouble, although nothing abnormal was detected by the physical examination.

There was no evidence of hepatic disease; nor did several analyses of the urine disclose anything in that direction.

Oct. 22d.—The patient has improved in general health, although some abdominal fluctuation still exists.

Bibliographical Notices.

Injuries of the Spine. With an Analysis of nearly four hundred Cases. By JOHN ASHURST, Jr., M.D. Philadelphia: J. B. Lippincott & Co. 1867. Pp. 127.

Contributions to the Pathology, Diagnosis and Treatment of Angular Curvature of the Spine. By BENJAMIN LEE, M.D. Philadelphia: J. B. Lippincott & Co. Pp. 129.

THE first of the above-named essays consists of an exceedingly careful analysis of 394 cases of injury of the spine. It is mainly numerical, but is interspersed with critical and theoretical comments, and with historical references.

The author's statements as regards treatment are so interesting and judicious, that the following abstract will be found worthy of perusal.

After giving a tabular view of the results of "extension" in 44 cases, and of "general treatment" in 117 cases, he says:—

"It will thus be seen that the proportion of deaths has been almost three times as large when general treatment has been exclusively used as when extension has been employed. The results of those cases which have survived, have also been, as a rule, more satisfactory after extension than without it.

"It seems to me that the inference is fully warranted, that extension (combined, of course, with rotation or pressure as required) should be employed in every case of dislocation of the spine, or of fracture with dislocation. If the diagnosis is not clear, it would be better to adopt this method of treatment than to reject it, and I should be disposed to try it in every case where there was either shortening or marked angular displacement.

"Looking in the same way at the operation of resection, we find that it has been practised in 24 cases, rejecting two in which other mortal lesions were present. General treatment alone has been employed in 184 analogous cases—i. e., fractures, and fractures with dislocations. The proportion of deaths after resection is nearly 6 per cent. greater than when general treatment alone has been employed. Moreover, in those cases that survived, the proportion of recoveries was much larger when general treatment alone was employed; there being, in fact, *not one well-authenticated instance of recovery after spinal resection.*

"Is the inference then unwarranted that resection is an operation not to be recommended, either with a view of saving life, or as a means of improving the patient's condition?"

Of the book with the second title above given, we cannot speak favorably. The great advances which have been made in the treatment of spinal distortions by the abandonment of local applications, "setons, issues, moxas, cautery," and the adoption of mechanical appliances to relieve pressure or ensure rest, have also made every instrument-maker believe himself qualified to treat spinal disease, encouraged "movement cures" and gymnastic institutes for Pott's disease, and filled our newspapers with advertisements and illustrations of supporters and shoulder-braces.

Without classing the book of Dr. Lee in the above category, his loose assertions and his exaggerated slurs at the ignorance and incompetency of physicians, his tirades against the "vermifuges of the old school" and the "bismuth of the new," with which practitioners treat incipient spinal disease, because they do not recognize the fact that gastralgia, and not tenderness along the spine, is the first symptom of its approach, are considerations which do not enlist our sympathy for the work before us. Much of the volume is excellent, one chapter consisting of an essay recommended for publication by the Prize Committee of the American Medical Association, "the accidental disclosure of the author's name having excluded it from competition." The observations on mechanical treatment are, however, evidently the result of considerable experience, and were not the general tone of the writing so exceedingly unpleasant (so suggestive of "shop," in fact), we have no doubt that this book would be largely read and its suggestions profited by.

Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By John C. Peters, M.D. Second Edition, with an Appendix. New York: D. Van Nostrand. 1867.

The favorable opinion of this little work which we expressed on the appearance of the first edition, is confirmed and enhanced by the second. An Appendix of some forty pages contains a good deal of information relating to the epidemic of 1865–66, and the more recent opinions on the causation and the pathology of cholera. Some of these last points are by no means settled yet, but the more recent theories are very properly here introduced, and are of value in this place historically, if for no other reason. The last pages of the Appendix are devoted to Homœopathy and Cholera: and as Dr. Peters was once a homœopathist himself, if we are rightly informed, on the *experto crede* principle his statements are of special interest. The second edition, like the first, is very well printed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 24, 1867.

THE "HIGH PRESSURE" SYSTEM OF STUDY IN OUR COMMON SCHOOLS.

The school system of New England is at the present moment our glory and our shame. We feel a just pride, that among us education is accessible to all, because our public schools are open to the humblest persons. But, in our zeal for general instruction, we sometimes forget that a majority of men and women must labor with their hands, that the world may not stand still, and that all may not lose by disuse the power to labor. We cannot train all our boys to be statesmen and divines, nor all our girls to be authors and lecturers or even teachers. We ought not, therefore, to drive them into the false position of expecting to attain, by extraordinary effort, a place which neither nature nor circumstances have made possible. Many unfortunate children have been ruined for life, in body and mind, by being stimulated with various inducements to make exertions beyond their age and mental capacity. A feeble frame and a nervous temperament are the too sure consequences of a brain overworked in childhood. Slow progress, rather than rapid growth, tends to establish vigor, health and happiness.

These are the words of Dr. Jacob Bigelow. They find an echo, we are assured, in the sentiments of most, if not all, family practitioners in this city, and it behooves us to impress their meaning and importance upon all concerned. Somewhat has been said in various quarters upon the subject; but the public has yet to be educated up to a due sense of its claims upon their attention. Self-made men who look back upon their childhood with its scanty means of learning, limited perhaps to three months teaching in the year at the little brick school house in the country, have seized eagerly upon every opportunity of instruction for their children, erroneously supposing that they could scarcely be taught too much. A crusade is attempted to be set up, by some individuals, against corporal punishment in the schools. Excesses in this direction should doubtless be checked. But, we consider the overworking of the brain, and the consequent enfeebling of both mental and bodily powers, a worse thing than an over-stimulus applied to the nervous periphery by the rattan; worse than even the cruel abuse of the rod or the ferule. The effect of the one may be permanent—that of the other is usually temporary. So far as the male pupils are concerned, we should say that a boy who would not prefer a moderate flogging to the loss of a half-holiday, was one of the wrong sort, and would never make his mark in the world. At all events, if we abate the requirements of study, we thereby diminish the incentives to corporal punishment. Let the pale-faced and spectacled youth cease to be considered as "interesting" as he who shows us a properly cultivated understanding with a ruddy brow and a muscular frame.

The evil we speak of is indeed a serious one. Undermining health and vigor, it impairs the manliness of our youth, and unfits girls for the strain of domestic cares and toil which awaits them. Anxiety about to-morrow's lessons becomes often as harassing to the young scholar as the responsibilities of later years to the adult, and the struggle for position in the school as trying as that for the prizes of manhood; while weariness of effort is liable to set in, before the inevitable and more important tasks of life are encountered. Childhood is stripped of its principal charm—ceases to be childhood.

Acting in the double capacity of family medical advisers and of members of the school committee, many of our profession in this city are peculiarly well situated for appreciating the working of this thing. And sometimes their attention is called to the matter by the experience of their own families. For example, a medical friend a few years ago informed us that he had withdrawn his son from the grammar school he had been attending—and had done it without a day's notice. The father was deaf to the importunities of both teacher and child, the latter expecting a diploma, and the former wishing to retain and subsequently promote the boy for the credit of her class. The child's ambition had been so fostered and wrought up that his studies had become the one absorbing subject of his thoughts. His nights were wakeful, and he slept only to dream of his lessons. Meanwhile, his body was wasting. Appetite and strength were failing. Banishment to the country, with the sacrifice of the diploma and the promotion, saved the patient. This is not an isolated instance. Similar cases, lacking only the wise parental interference, furnish a large and never-failing crop of permanently enfeebled individuals. And, generally speaking, we should say the physique of those of either sex who go through the entire grammar school course in this city is below par. Nay, the evil is not limited altogether to the pupils. Teachers themselves sometimes break down under the excitement induced by their share in carrying out the high pressure system. Instances of this have come under our personal observation.

If it be asked who is to blame for all these excesses, we answer—*everybody*; but *least* of all, perhaps, the *teachers!* The public and the school committees we hold to be chiefly responsible. The teachers are, in the main, only the exponents and agents of a system. That system has been brought about by the public demand for the greatest amount of instruction in the fewest number of years. The demand has been, of course, supplied. Instruction has in a measure superseded true education—or the *leading up* of the powers to a healthy and well-developed standard. By a process of *cramming*, the brains of pupils have been made to teem with laboriously conned pages—and school examinations are brilliant. Distinguished strangers are taken to our public schools, and fan the fires of our vanity by their praises of what they see and hear. The "City Fathers" exhibit the school children as their "jewels." For ourselves, however, when we go to the annual festival, and see the long lines of wan and puny specimens of humanity file up to take the hand of "His Honor the Mayor," our pride is excited less than our commiseration.

With all due respect for our former and most agreeable associates on the School Committee, we must consider that with that Board rests the largest share of the responsibility for the present state of things. For, if this band of intelligent and disinterested gentlemen, who have been chosen by their fellow-citizens to be the custodians of education, were to unite in pronouncing the present system of instruction too exacting and extended, the public, we fully believe, would acquiesce. And we cannot see that the teachers would have any motive of opposition to the movement. It would surely be easier for them to cultivate a small field than a large one; to drill their pupils to appear well at examination upon a moderate course of study, than upon an extensive one. But school committees seem to be sadly infected with the mania for teaching over-much. The question has been up before them, resulting only, or chiefly, in decrees limiting the lessons required to be learned out of school. Such ordinances are as nugatory as sumptuary laws, so long as sufficient restrictions are not laid upon the number of pages which are to be mastered in the year. However stringent the rules may be forbidding home lessons, if the daily tasks are too long or too numerous to be accomplished during school hours, the books will be taken home. The abolition of the city medals in the girls' department is a step in the right direction; but does not strike at the root of the evil. We want a *radical* reform—viz., moderate tasks well done, in place of excessive requirements necessitating over-work.

The question, however, has begun to be agitated, and though, as we are about to show, official action has thus far been against us, we fully believe that good hygiene and good sense will ultimately prevail.

In 1865, a Committee appointed to "revise the list of studies required in the public schools, and ascertain what branches may be curtailed or omitted without detriment to the schools, and for the physical good of the pupils," made a report, from which we take the following extracts:—

> In order to aid them in their duties, they sent a circular to the master of each school, containing such questions as they deemed necessary to aid them in their investigations; among which were the following: Do you give any lessons to be learned out of school? Have there been instances, in your school, of girls injuring their health, slightly or seriously, by excessive application to study demanded of them by the amount of study required? If so, how many?
>
> From the answers thus elicited, the Committee came to the conclusion that very few, if any, pupils have seriously injured their health in learning the lessons at present required of them, and that the rules and regulations governing the out-of-school lessons have generally been complied with.
>
> In relation to the studies which might be curtailed or omitted without detriment to the schools—assuming probably that a curtailment or omission was to be made—some masters named one branch, and some another, while others seemed clearly of the opinion that the list is well enough as it is. * * *
>
> It cannot be expected that in a body of twenty-seven thousand pupils (the number attending our public schools), *all* should be healthy and sound in constitution.
>
> There may be some whose mental or physical condition is such as to make it impossible for them to keep up with their classes in the prescribed studies. Any considerable effort, either of body or mind, prostrates them, and they would be "*out of health*" if they did nothing. *These* are the *exceptions*, not the general rule, and it does not seem advisable to lower the standard of instruction in the schools to meet these exceptional cases.
>
> With the hygienic supervision of the teachers, and the well-regulated physical exercises daily practised, it is more probable that the health of the pupils in the aggregate is improved rather than injured by their attendance at school.

With reference to these statements we would say that, without in any way impugning the good faith of the teachers who have responded as above, we must believe that they were under the influence of a certain unconscious bias in favor of a system which has been the subject of much laudation, and on which they have bestowed much labor. At all events, their evidence is negative, and cannot stand in opposition to positive. The teacher, immersed in the engrossing details of instruction, has but slight opportunities of investigating the health of the pupils, and would hardly be aware when their physical condition were suffering, except in those instances where individuals completely break down. And we all know that in this community, when the pride is aroused, parent and scholar will persevere until the vital forces snap asunder.

The Committee think that the cases of injury to health from over-study, if any exist at all, are very few. As we have said, many of the medical attendants of the school children are fully convinced to the contrary; and some at least among us believe that the "health of the pupils in the aggregate" is decidedly below what it should be. But, we quote again:—

> Some of the masters suggested that Physiology and Philosophy might be discarded.
>
> If all the schools were composed of one class of pupils, to which allusion has already been made, or if all could attend the High Schools, this might be done.
>
> But as the pupils of some schools can successfully pursue these as well as the other branches, and as so few comparatively can attend any other than the Grammar School, it does not seem right to deprive them of the benefit they would receive from the prosecution of these studies.
>
> The comparatively slight knowledge which they would acquire of physiology would exceedingly interest them, and might prevent them from violating some important law of nature by which their health would suffer.
>
> A single lesson in philosophy might excite thoughts and ideas in some minds which would produce results beneficial to the whole community.

In relation to this point, we cannot but think that boys and girls, instead of spending time (not already occupied with arithmetic, geography, &c.) in studying theoretical physiology from books, *ipso facto* disobeying the requirements of that science, would do better to learn practically the normal action of some of the bodily functions by exercising those functions in the open air.

As to the "thoughts and ideas" excited by "a single lesson in philosophy," we fear that in the child's mind they would be good seed falling upon a thin soil, where they would soon wither and die.

Some of the positions we have taken are sustained in the following extracts from a minority report presented by our respected *confrère* Dr. Geo. Hayward.

> It is with sincere regret that I feel compelled to express a different opinion from that of the other members of the Committee whose report has just been read. * * * I have read the letters received by the Committee from the masters of the several schools, in answer to the circular sent, with much attention; and from them, and from my own observation of the pupils in the schools, I have come to the conclusion that reformation is needed in the studies required to be learned by the pupils in the Grammar Schools.
>
> In the first place; it is evident from these replies of the masters that, while no lessons are actually *assigned* to the girls to be studied out of school, yet, that it is absolutely impossible for the lessons which are required to be learned to be prepared by them, unless they do so study; and that thus the spirit of the order of the School Committee, *intended* to prevent girls from studying out of school, is constantly being violated.
>
> Some of the masters state that the course prescribed by the school regulations could be accomplished without requiring the girls to study out of school, but that it is impossible to prepare them to pass the examination for the Girls' High and Normal School without doing so. * * * * *
>
> A teacher in one of these schools, speaking of the "averages" containing the

relative proportion of the scholars from the different Grammar Schools in the High Schools, and their standing, says:—

"While this system of 'ranking' continues, and all teachers are putting forth their most earnest efforts, the less fortunate children must necessarily be subjected to feverish excitement and over-work, or the school, and all connected with it, must suffer *recorded* and *printed* disgrace; . . . and it seems to me that the Board ask too much in practically requiring a teacher to choose between disobedience to orders and loss of professional reputation, through their printed tables, scattered broadcast through this and other lands."

Another teacher writes:—"There are some limitations in certain studies which I think advisable, and which would lessen the amount of study required. 1. The time given to Arithmetic, especially in schools for girls, is excessive. This is owing partly to the standard for admission in that branch to the Girls' High and Normal School, which is considerably higher than that for the admission of boys to the English High School. The evil might be remedied by changing the standard for admission in that branch, and by specifying certain subjects to be omitted, viz.: Alligation, Arithmetical and Geometrical Progression, Annuities, Equation of Accounts, Exchange, and, perhaps, Square and Cube Roots"!!

Remember that this is proposed to be taken from the requirements in only *one* branch of study; and remember, too, that these studies are, for the most part, learned by girls of from thirteen to fifteen years of age—one of the most critical periods of a woman's life; and upon her preserving her health, at which time, her whole future well-being may depend; and then decide whether we, as a Committee, have a right to task the brains of growing girls at that tender age, with studies suited to full-grown men; studies, too, which, in nine cases out of ten, will be of no use to them after they have left school, unless they become teachers.

* * * * * * * * *

I have often had complaints made to me by parents that their children were required to study too much in the public schools, but for this the public have only themselves to thank. At the present time, public opinion in Boston requires, as Mr. Dombey did for his son, that the children in the schools should be taught "*everything*."

In proof of this, a letter was received by this Committee, in answer to their circular, from one of the masters, stating—to show what difficulty he had in preventing girls from studying out of school when they were not fit to do so—that one girl, whom he had compelled to leave her books at school in order to prevent her from studying at home, was provided with a new set of books by her mother, so that she could pursue her studies out of school, although that mother knew her child was seriously injuring her health by so doing. The excuse was, "that the nervousness occasioned to the girl by the fear of the loss of the coveted medal injured her more than the excessive study."

With regard to the Boys' Schools the evil seems not to be quite so great as in those of the girls, owing partly to their health not being so liable to suffer, and partly to their out-of-door sports. One of our ablest and most experienced teachers, however, writes:—"I think that the standard expected in all of these branches (those taught in the first class) cannot be reached by the pupils of the first division of this school, without requiring more time spent in preparation *out of school* than would be conducive to the health or happiness of the pupils."

In so far as the influence of the Normal School may be concerned in promoting this evil, we should suppose that it might be done away with by one of two expedients: that is, by lengthening its course and lowering its standard of admission; or else by requiring that those who intend to enter the more advanced institution should remain a year longer in the Grammar Schools than at present. It is not for us, however, to point out the method of accomplishing the object in view, but only to insist upon the importance of that object, bearing in mind that where there is a *will* there is a *way*.

It may not be improper to add that the Normal School course of study has been found to be less laborious than the Grammar School preparation for it.

Extraordinary Fecundity.—Dr. Becker-Lawrich de Ronneburg communicates to the Society of "Gynæcologie," under the title of extraordinary fecundity, the history of a woman married twelve years, and now pregnant for the nineteenth time. At the outset, she was confined at the full term; then she aborted nine times in succession at four months * * * was delivered subsequently at eight months; and after that aborted anew seven times in succession at the fourth month. At the present time she is again pregnant, but alleges that she feels the precursory symptoms of abortion, such as a sero-sanguinolent discharge, &c. With her numerous and fatiguing occupations, it is not probable that she will now go to the full term. Nevertheless, in spite of the copious hæmorrhage which accompanies her miscarriages, and which have often endangered her life, she is fat and well nourished.

Carbolic Acid as a Gargle in Diphtheria.—Charles Sedgwick, Esq., Hollingbourn, Maidstone, England, in a communication to the *Medical Times and Gazette,* on carbolic acid in diphtheria, says:—

I usually give it in the form of a gargle, but in children, by swabbing the throat out freely with it on a piece of sponge. When the disease has been taken early, I have not failed in a single case, but have lost some where it had gone too far for medical treatment to be of any service. Carbolic acid has a decided effect upon the false membrane thrown out. The following is the form I usually prescribe:—℞. Acidi carbolici, Mxx.; acidi acetici, fʒss.; mellis, ʒij., tinct. myrrhæ, fʒij.; aquæ, q. s. M. Ut fiat gargarissima, f℥vi. The carbolic and acetic acids to be well shaken together, the honey to be added to the water gradually. With it I usually give tincture of iron and quinine.—*Canada Medical Journal.*

A RECEPTION supper was given on the 19th ult. by the medical profession of Baltimore to Prof. N. R. Smith, on the occasion of his return from a short visit to Europe.

Dr. William A. Hammond, formerly Surgeon-General of the Army, has been appointed to the charge of the department of the diseases of the mind and nervous system in Bellevue Hospital, New York.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 19th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	37	39	76
Ave. mortality of corresponding weeks for ten years, 1856—1866	34.6	40.1	74.7
Average corrected to increased population - - - -	00	00	82.48
Deaths of persons above 90 - - - - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Puncture of the Bladder above the Pubis.—Catarrh.

BOOKS RECEIVED.—Synopsis of the Course of Lectures on Materia Medica and Pharmacy, delivered in the University of Pennsylvania; with five lectures on the Modus Operandi of Medicines. By Joseph Carson, M.D. Fourth Edition, revised. Philadelphia: Henry C. Lea. 1867.

DIED,—At Harrison Square, Dorchester, Oct. 21st, Noah Fifield, M.D., aged 85 years.

DEATHS IN BOSTON for the week ending Saturday noon, Oct. 19th, 76. Males, 37—Females, 39. Accident, 1—disease of the bowels, 1—bronchitis, 4—burns, 1—cancer, 1—cholera infantum, 2—consumption, 13—convulsions, 2—croup, 1—debility, 1—diarrhœa, 6—diphtheria, 1—dropsy, 3—dropsy of the brain, 3—dysentery, 2—erysipelas, 1—scarlet fever, 5—typhoid fever, 1—gangrene, 1—disease of the heart, 2—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 2—old age, 1—paralysis, 2—premature birth, 4—puerperal disease, 1—tabes mesenterica, 1—unknown, 9.

Under 5 years of age, 28—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 17—above 60 years, 5. Born in the United States, 51—Ireland, 15—other places, 7.

THE

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CASES OF TYPHOID FEVER TREATED AT THE CITY HOSPITAL, BOSTON, FROM APRIL 10, 1867, TO JULY 30, 1867.

[Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

By William W. Morland, M.D., one of the Visiting Physicians.

An unusual number of cases of typhoid fever, *for the season of the year*, having occurred during my term of service at the City Hospital—April to August—and certain of them being traceable to outside influences of a nature at once interesting and important to notice, I am induced to present the details to the Society.*

Case I.—Margaret L., 21 years old, of New Brunswick, came to Boston in the summer of 1866, and went to service in one of the most airy and healthy localities in the city. Three weeks previous to entering the hospital, which she did on April 10th, 1867, she gave up her situation and went to take care of a married sister, then ill for two weeks with typhoid fever, and who afterwards died. It will be seen, subsequently, how complete a change, hygienically, she underwent, and the evident connection of her own, and of other cases, with this particular locality, will be remarked.

During the week following the 29th of March, she felt an indefinable *malaise*, and had slight headache. On the 6th of April, the symptoms were more marked. A soreness of the throat, scarcely noticed before, became more troublesome, and, subsequently. severe; and there were chills, sweats, and violent headache. No epistaxis.

On her admission to the hospital, the following appearances were noted:—"Aspect uneasy; face flushed; pulse 100, tense; tongue dry, with a light, white coat; lips parched; no sordes; catamenia present; no abdominal tenderness nor tympanites; slight gurgling heard over descending colon; no eruption visible." During the succeeding three days, the headache became extremely violent, and four leeches were applied to the temples; the bleeding was profuse, and great relief ensued. Pain in the right iliac fossa was first observed six days after the onset of the disease. Six days after her admission, and ten days after the chills, &c., rose-spots, fading upon pressure, appeared upon the thorax and abdomen. The sore throat now became the chief cause of complaint.[*] A concentrated solution of the chlorate of potash was tried, but with little or no apparent benefit. A gargle containing muriatic acid subsequently afforded relief. On the 22d of April, sixteen days after the manifestation of the primary symptoms, minute sudamina appeared upon the abdomen. From this date the patient constantly improved, and left the hospital, "well," June 6th, 1867. Duration of the disease, 17 days; in hospital, 57 days; illness, there, 13 days; convalescence, 37 days.[†]

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* The reports of the cases are prepared from the records kept by Mr. R. H. Fitz, my House Officer.—W. W. M.

CASE II.—Mary L., 28 years old, sister of Margaret, went also, and one week earlier, to assist in nursing the other sister. She entered the hospital April 17th, 1867, having had, for nine or ten days previously, chilliness, heat, and perspiration, by turns, and also slight vomiting. She did not take to her bed until April 14th, at which time her symptoms became much aggravated—and, in addition, she "had pains all over her body." There was also "heaviness" of the head, and, on the 15th, sore throat came on, and was complained of greatly, although not so severe, at any time, as in her sister's case.

On her admission, she was "uneasy, the eyes heavy; tongue moist, with light, white coat; skin hot and dry; pulse 88." The catamenia had always been regular until her sister's illness, when the flow lasted for three weeks, then ceased for one week, and her sister's death then occurring, it re-commenced. Gurgling and tenderness were noted in the right iliac fossa, and there were five or six doubtful rose-spots on the abdomen. On the 23d of April there was epistaxis, and the eruption was the same. The bowels, occasionally, were troublesomely loose. Her condition, throughout the entire course of the disease, however, was "quite comfortable." She regained her strength rather slowly, and about one week after leaving the hospital, was troubled with diarrhœa, for which she was visited and prescribed for by Mr. Fitz, once. She was discharged, "well," June 6th, 1867. Duration of disease, 20 days; in hospital, 50 days; illness there, 11 days; convalescence, 39 days. The treatment was mainly sustaining—wine and beef-tea, when required—controlling the diarrhœa, but never abruptly checking it; procuring sleep, if necessary, and relieving the soreness of the throat.

The two foregoing cases derive an especial interest from their association with that of the other sister, already referred to, who was under the care of Dr. C. E. Inches, as a dispensary patient, in the North End District. At my request, Dr. Inches has furnished the following very interesting account of the case, and of the hygienic condition of the locality where his patient lived and died.

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[*] Sore throat was a prominent phenomenon in five out of the eight hospital cases, and was remarked in the case of Mrs. Calnan, patient of Dr. Inches.

[†] The numbers given for the duration of the disease and for the period of convalescence, are, of course, only approximative; but they may be esteemed sufficiently accurate to justify their being mentioned. As is not infrequently the case, certain of the patients might have been discharged, without detriment, a few days sooner. A little extra detention, however, is oftentimes not only more satisfactory to the physician, but safer for hospital patients.

"On the 10th of March, I was called to Mrs. Eliza Calnan; I found her in bed, suffering from severe pain in her head; the countenance was flushed; stupidity marked, with slight delirium at night; she was weak. No rose-spots nor cough. She complained of having felt ill for some time previously, but was obliged to be up and about. From this time until her death, she never rallied, but gradually failed, although sometimes rising, to work, three weeks before her death—on April 4th. She at last complained of cough, which rapidly increased in severity. On examining, I found extensive crepitus over the lower half of one lung, and which, together with the cerebral symptoms, then very threatening—the delirium, at night, being more frequent and severe, and deafness appearing (the latter came on one week before death)—made recovery, in her situation, impossible. As the case progressed, I found two or three rose-spots—doubtful; the abdomen became very tympanitic, and the bowels were very loose. Ten days before her death, the motions became involuntary. At one time she complained of soreness of the throat; it was, however, slight, and deglutition was unaffected. On account of her suffering, I did not make careful examinations of the chest, but in the lungs there was considerable fluid.

"The Calnans occupied two rooms—one of moderate size, with two windows; and, opening from it, a very small room, with one window—the latter was the sick-room. The family consisted of the husband (habits bad), wife, and four children under six years of age. Things were in a dirty, shiftless state, although Mrs. C. was evidently naturally a cleanly person—circumstances were too much for her. At first, six persons slept in the smaller room. While the mother was ill, the number was increased to eight—including the two sisters who came to assist. Most of the time there were *nine* persons—four being children. The cooking was done in the larger room.

"I left town on the day after Mrs. C.'s death. Just before that, the youngest child, Mary Calnan, aged nine months, fell sick with fever and diarrhœa. On my return, I found her but little improved. She has since become rapidly better. Both Dr. Boardman and Dr. White, who had the district in the *interim*, pronounced the disease *typhoid*.

"April 19th, Carrie Calnan, aged 5 years, fell sick. She was seized with convulsions, and died on the 22d. Dr. White, who attended her, pronounced the case to be one of typhoid meningitis.

"Thus, out of eight steady occupants, but three escaped—the husband and two children.

"Dr. Boardman tells me that, in cleaning up, after the death of Mrs. C., quantities of filth were found in the corners, under the furniture, and in the closet—containing fragments of food, cabbage and other vegetables—the two last particularly in the closet. This statement agrees with my observation previously, and with the story of the neighbors, who also speak of the husband's carrying in decayed meat and vegetables—but neighborly stories are unreliable."

Dr. Inches also reported another person as being taken ill in the same house—a man. He was attacked about February 8th, and was sent to the City Hospital. He was there under the care of Dr. John G. Blake. Some pulmonary disease was developed, as I learned on inquiry, and phthisis threatened. Dr. Inches had supposed that this case, also, might have been one of "typhoid poisoning," but had not traced it.

The above sequence of cases is sufficiently noteworthy, and their etiology, it would seem, hardly admits of doubt. The remainder of the hospital series of cases will be reported in the order of their admission.

Case III.—Flora C., 18 years old, American, entered the hospital April 12th, 1867. On the 6th of April, headache, nausea, vomiting and chills ushered in her disease. On the following day, there were great heat of skin and diarrhœa. On the 9th and 10th, there was profuse epistaxis; but this seemed to relieve the troublesome cerebral symptoms. The face was flushed, the lips were dry, the skin constantly hot and dry; pulse 120, full and bounding; tongue dry, with a yellow, pasty coat at its centre. There was diarrhœa and strongly marked tympanites, with pain in the right iliac fossa; patient complained of sore throat.

April 14th.—Dejections passed involuntarily; brown coat on the tongue; six ounces of sherry wine ordered.

16th.—Ten days from the invasion of the disease, a copious eruption of rose-spots observed—fading upon pressure. Diarrhœa continues.

17th.—Delirious during night; aspect more typhoidal; seems very ill. Brandy, eight ounces.

19th.—White, gummy sordes about the teeth.

22d.—Cerebral symptoms still prominent.

24th.—The nurse reported profuse purulent discharge from the vagina. On examination by the speculum, intense vaginitis was discovered, the entire passage being vividly red, and the os tincæ swollen and of a darker red color. Abundant, very fœtid, purulent flow; integuments of thighs and buttocks red and excoriated. On inquiry, it was ascertained that the vaginal discharge existed to some extent, at patient's entrance; the nurse, thinking she could control it, did not at first report it.* Solution of chlorinated soda was employed as an injection, frequently, together with tepid baths; oxide of zinc ointment to the excoriated surfaces. The vaginitis rapidly subsided. Pulse at this time, only 92; patient feels better. From this date

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* The patient's character was such (as ascertained after her admission) as to render it very probable that gonorrhœa existed at the time of her entrance.

(24th) she improved daily, and was discharged, "well," May 24th, 1867. Duration of disease, 20 days; in hospital, 42 days; illness, there, 14 days; convalescence, 28 days. Treatment mainly supporting and stimulating, not much differing from that of the previous cases.

CASE IV.—Daniel M., an Irish laborer, 22 years old, admitted April 11th, 1867. He had been in this country about one year; was stout and hearty; stated that his father was subject to rheumatism; never had it himself. A child in the house where he had lodged had been seriously ill with "fever." Five weeks before his entrance, he had a severe pain in the left side, aggravated by full inspiration. This "wore off in about a week." A similar pain then seized him in the right side. April 8th, three days before admission, he felt extremely weak and had headache, with a certain amount of shivering, which compelled him to give up work and to take to his bed. A physician who was called to him had a blister applied to the side and gave him cod-liver oil. The oil caused vomiting—neither before nor since its administration was there either nausea or vomiting. Defæcation naturally easy; during the past week the bowels have been costive. Great thirst and anorexia; slight epistaxis; no cough.

Condition on Entrance.—Skin warm and moist, face flushed; respirations, 24 in the minute, easy; pulse 92, of sufficiently good volume. Tongue moist, with a light, yellowish-white coat over its centre; lips dry. Urine somewhat high-colored and scanty. On examination of the abdomen, nothing abnormal noticed. No thoracic examination attempted, at this time, on account of the enormous vesicated surface, still unhealed, from the blister applied before admission. He was allowed broken ice, milk and beef-tea.

April 13th.—Pulse 100, weak. He had sherry, six ounces.

14th.—Tongue protruded with difficulty. Sherry increased to eight ounces, daily.

16th.—Profuse diaphoresis; no tenderness in right iliac fossa; lips very dry; no true sordes. A mercurial sore mouth declared itself at this time; patient stated that he had taken the drug, a short time previously, for a venereal sore. Pulse 104, regular. At the evening visit, an eruption of "rose-colored spots, fading on pressure," was observed by Mr. Fitz.

17th.—Respirations 28; skin dry.

Physical Examination of Chest.—On percussing left chest, dulness was noted, throughout. Right front chest, natural. Auscultation revealed absence of respiration over left chest, anteriorly; over right chest in front, puerile respiration; slight ægophony over left front chest. Percussion, posteriorly, gave a like result; and the signs furnished by auscultation were similar, with this exception—at the lower angle of left scapula, deep-seated bronchial breathing is heard. Increase amount of sherry to ten ounces.

April 18th.—Epistaxis last night.

19th.—Pulse 72, weak. Brandy, three ounces; carbonate of ammonia, five grains, four times daily.

24th.—Breathes much more easily; skin moist; tongue has a light white coat; pulse 96, and of fair volume.

25th.—Slight cough; no complaint of pain; appetite good; respirations 32, easy; pulse 88. Omit carbonate of ammonia.

27th.—Coughs considerably at night. Opiated cough-mixture.

May 1st.—Respiration detected at upper front of left lung; crepitus and absence of respiration about the breast. Dulness still remains throughout; profuse diaphoresis. Directed aromatic sulphuric acid, ten drops, thrice daily.

May 4th.—Up and dressed for a short time; still sweats freely; rub the body with dry salt.

6th.—Sweats greatly diminished.

8th.—Respiration heard as low down as inferior angle of left scapula; dulness on percussion, lessening.

9th.—Omit sherry wine; a pint of ale, daily, allowed.

15th.—Diaphoresis still troublesome; oxide of zinc, four grains every three hours.

17th.—Sweating has entirely ceased.

25th.—Discharged, well.

This patient evidently had pleurisy—perhaps pleuro-pneumonia—before entering the hospital. Duration of the typhoid disease, 22 days; in hospital, 44 days; illness, there, 19 days; convalescence, 24 days.

Case V.—Honora H., an Irish servant girl, 25 years old. Admitted April 13th, 1867. Patient had always been very healthy. A week before entrance, she had severe headache, nausea, vomiting, slight epistaxis and chilliness. Pains in the bones, loss of appetite, thirst, and slight dyspnœa also complained of. Extreme hebetude. She had not been regularly treated; a few leeches had been applied to the forehead.

Condition on Entrance.—"In bed; expression dull, face of a dusky hue; eyes dull; skin hot and dry; respirations 36; tracheal râles; slight cough, seemingly bronchitic; pulse 120, full and bounding; lips parched and dry; sordes on teeth; tongue dry, with a dirty-brown coat; urine high colored and scanty; catamenia regular."—(*Hospital Records.* R. H. Fitz.) Her aspect at this time, taken in connection with certain phenomena subsequently observed, gave the impression of *typhus,* rather than of typhoid, fever—but the case seemed, finally, to be of the latter type. On careful examination, slight tenderness was noted at the epigastrium, but was not particularly marked in the iliac regions. An eruption of scattered petechial spots, of a measly color, about two lines in diameter, not fading on pressure, was seen. These were principally upon the abdomen, near the lower margin of the thorax. Milk and beef-tea were ordered.

April 14th.—Complexion of a mahogany color; pulse 120, undulating; skin hot and pungent; the hebetude, already mentioned, was extreme, and so continued through the greater part of her illness. Sherry wine, eight ounces, daily.

15th.—Color of face less dark; there is diarrhœa. Increase sherry to ten ounces.

16th.—Tongue has a dirty-brown coat over centre, is white at its edges. Two dejections during night; slept well.

17th.—Slight tremulousness of tongue on protrusion, and some cough; pulse 112; diarrhœa has ceased. Increase amount of sherry to twelve ounces.

19th.—Pulse 120, weak. Carbonate of ammonia, five grains, four times a day, was directed.

23d.—Condition much improved; omit carbonate of ammonia and give half a grain of quinine three times daily.

May 20th.—Discharged, "well."

During her convalescence, there was parotiditis, on both sides, successively, with suppuration—the pus being evacuated by incisions.

Duration of disease, 17 days; in hospital, 37 days; illness, there, 10 days; convalescence, 27 days.

Case VI.—Kate P., an Irish servant girl, 25 years old, always healthy until March 30th, 1867, entered the hospital April 16th, 1867. There was no evidence of contagion or infection; nor was there any assignable cause of disease.

On March 30th, she observed that her feet were much swollen. During the following week, she experienced a certain amount of *malaise*—so much so, that she was forced to give up work and take to her bed. She gradually grew worse. Profuse sweating, anorexia, nausea, without vomiting, and a slight, dry cough were the more marked symptoms. There were no chills, pains, nor diarrhœa. Slight epistaxis occurred on the day before her admission.

Condition on Entrance; April 16th, two weeks after the apparent commencement of the disease. Skin cool, but covered with sweat; lips dry; expression dull; pulse 96, sufficiently strong and full; tongue protruded with some difficulty; has a yellowish coat over its lobes. Teeth free from sordes. No appetite; considerable thirst; has passed no urine for twenty-four hours.

Physical Examination.—Thorax sufficiently resonant; numerous sonorous râles heard in right chest. Abdomen somewhat tympanitic; no tenderness nor gurgling; a few doubtful spots, of a measly color, fading on pressure, were seen. The resident medical officer directed her to have milk and beef-tea freely, with broken ice, occasionally. Hot stupes were applied to the epigastrium, and a drink of flaxseed infusion, with sweet spirits of nitre, was given.

April 17th.—The record is as follows:—"Patient first seen, to-day, by Dr. Morland, who, in addition to the previously recorded phenomena, noted the existence of sore throat, slight gurgling over the whole abdomen—most marked in right iliac fossa—and also tremulous movements of the lips and tongue." Epistaxis occurred on this day, and very minute sudamina were visible. Sherry wine, six ounces.

18th.—General condition much worse. Omit sherry and give brandy, six ounces.

19th.—Marked subsultus tendinum. Carbonate of ammonia, a scruple daily, was ordered; continue brandy, and give nourishment in small quantity, but frequently. During the night a dejection was passed involuntarily.

21st.—Whole aspect deeply typhoidal; tongue dry, and protruded with great difficulty. The chest and abdomen literally covered with sudamina—more than the reporter ever remembers to have seen.

22d.—For the first time since she was taken ill she complained of cough, and described "a grating sensation" beneath the sternum. The sputa are purulent. Pulse 112, weak; delirium throughout the night. The patient grew gradually worse during the following week, but exhibited great endurance and vital power. On April 30th, the only favorable appearance recorded is the tendency of the tongue to become clean at its edges. Respirations 44 in the minute, and labored; bronchitic secretion profuse; expectoration extremely difficult, however, owing to patient's increasing weakness.

May 1st.—A commencing bed-sore was observed, manifesting itself by numerous irregular ulcerations, half an inch or more in diameter, spread over the sacral region.

On the succeeding day, the pulse was very feeble, 132 in the minute; there was indistinct, incoherent muttering, struggling for breath and lividity of the face, indicating approaching dissolution. The last record by Mr. Fitz is:—"She fought through the day, but, at the evening visit, her hands were almost of a purple hue; feet and legs warm. Soon after midnight she died."

Duration of disease, 28 days; in hospital, 17 days. Death on the 28th day of the disease.

The *post-mortem* examination was made by Dr. Swan—Pathologist to the Hospital—eleven hours after death. His report is appended.

"Moderate rigor; moderate loss of flesh; lividity of lips. *Head* not examined. *Heart* well; no coagula. *Lungs*, here and there, showed lobular atelectasis and irregular tracts of emphysema. Mucous membrane of trachea and bronchi rather deeply, although somewhat irregularly, reddened. Some old pleural adhesions on both sides—most general on the left. Both apices free. No tubercular deposit. *Intestines.*—Numerous ulcerations in the lower five or six feet of the ileum. The ulcers were, in general, isolated, round, with raised, reddened, indurated edges. The bases were sometimes bare, exposing the muscular, and, in one or two instances, almost the peritoneal layer; sometimes covered with a yellowish-white slough, which adhered firmly. The ulcers were most abundant towards the lower portion, and, about the ileo-cœcal valve, were confluent; and there looked older than elsewhere, having become rather darkly discolored. Peyer's patches were not, in general, as well defined as is usual in cases of typhoid fever, the ulceration being, in great measure, independent of them. *Large Intestine.*—A number of small, circular ulcers, having the same general characteristics as those described, were found scattered along the cœcum, ascending, and portions of the transverse, colon. *Spleen.*—Moderately large and rather soft. *Kidneys.*—These organs seemed well. *Uterus and Appendages.*—In the cavity of the uterus there was a quantity of red mucus; and, in one of the ovaries, a considerable coagulum. In—or apparently in—each ovary, was a half-spoonful of pasty, whitish material, found to consist of well-defined pus-cells. *Bladder.*—Small, contracted, and nearly empty.

Case VII.—Charles P., born in England, 23 years old, salesman, entered the hospital May 10th, 1867. Patient, when admitted, was in a delirious state, and had copious epistaxis—so profuse that it became necessary to plug the posterior nares.

Condition on Entrance.—Face extremely pallid; expression dull, typhoidal; pulse 130, weak; lips dry; tongue dry, fissured, and coated in patches; breath extremely fœtid; dejections loose and involuntary. Abdomen flat; no tenderness in right iliac fossa; eight or ten doubtful rose-spots scattered over abdomen. Milk, beef-tea, broken ice, sherry (six ounces).

May 12th.—Gurgling. Tongue dry and black; pulse 124, weak; delirious, both day and night. Brandy, eight ounces; carbonate of ammonia, five grains four times a day.

13th.—Picking at bed-clothes; subsultus tendinum; pulse 130, weak. Patient takes but little nourishment by the mouth. Brandy and beef-tea were given by the rectum.

15th.—Jactitation, alternating with a somnolent condition.

17th.—Tongue still dry; condition, apparently, improving; thin, yellow discharge from the nose.

18th.—Pulse 128, sharp, stronger than yesterday; well-marked gurgling in right iliac fossa.

19th.—Pulse 119, with a tendency towards undulation. Purulent discharge from the nose continues, and there is a similar flow from one ear.

20th.—Fell out of bed yesterday; skin bathed in perspiration; respiration noisy; bowels somewhat loose; pulse 148. Two ounces of brandy, with twenty drops of paregoric, every hour, p. r. n.

21st.—Pulse 148, weak; tongue still dry; one dark and offensive dejection.

22d.—Pulse 160, thready; *in articulo mortis.* Death took place at 3 o'clock, P.M.

Duration of disease, unknown; illness, in hospital, 12 days.

The necroscopic examination was made by Dr. Swan, May 23d, nineteen hours after death, and his account is as follows:—

"Moderate emaciation; some lividity of depending portions of trunk. *Head.*—Vessels perhaps rather less turgid than usual. About one drachm of serum in each lateral ventricle. Little, if any, sub-arachnoid effusion. *Heart.*—Normal. A rather slender, firm, fibrinous coagulum in each side. Right side flaccid, containing but little fluid blood. Two ounces of serum in pericardium. *Pleuræ.*—Very slight adhesions; no effusion. *Lungs.*—Lower lobes contained numerous abscess-like cavities, of the size of a filbert and less, filled with very offensive pulpy and pasty matter of a dirty, chocolate-olive color, and surrounded by deep red injection of the pulmonary tissue. There appeared, in some cases, to be traces of a fibrinous wall or limiting membrane—but no positive statement is made on that point. The disease, though on the whole symmetrical, was more abundant on the left side. Intermingled with the healthy, but darkly-discolored, tissue in these lower lobes—particularly the left—was a pretty general deposit of miliary tubercle, in great part collected into small groups. Upper lobes of both lungs almost entirely free from disease of any kind. Some hypostatic congestion in lower lobes, by which portions were friable, though crepitant. *Small Intestines.*—Peyer's patches large and distinct; superficial ulcerations of the mucous membrane covering them, most marked towards the ileo-cœcal valve, but visible to the extent of nine feet above that point. Occasional patches of vascularity in the same region. *Large Intestine.*—A rather numerous group of whitish spots in the upper portion, generally quite small and ill-defined, looking like a mere circumscribed thinning and whitening of the mucous membrane—in parts showing traces of ulceration. No puckering anywhere, as if from cicatrization; and nothing indicating more than that the disease, in either intestine, had not progressed far. *Stomach.*—Marked vascular injection of internal surface of cardiac pouch; other portions, pale. *Liver* rather pale. *Gall-bladder* filled with pale yellow mucus. *Spleen* a little above the average size in health; rather soft. *Mesenteric glands* reddish; only slightly, if at all, enlarged. *Bladder* contained ten ounces of urine. *Kidneys, supra-renal capsules,* and other organs, as far as examined, not remarkable.

Case VIII.—John H., a Swede, 30 years old, unmarried, carriage-trimmer, entered the hospital July 9th, 1867. On admission, he was so delirious that no history of his case could be obtained from him. It was ascertained, however, that he had been troubled with headache and weakness during the previous three or four weeks, and had had frequent epistaxis. There had been no diarrhœa, vomiting, nor pains in the limbs.

Condition on Entrance.—Sitting up; hands tremulous; pulse 108, soft; tongue dry at centre, moist at lobes and tip, and transversely fissured. Anorexia and considerable thirst noted. No dejection for two days. Gurgling, without tenderness, in right iliac fossa; numerous rose-colored spots, fading on pressure, visible upon abdomen. Diet, milk and beef-tea. Broken ice for thirst.

July 10th.—No dejection; castor-oil, ℥ ss. Six ounces of sherry wine ordered.

Two days after entrance, the record states, "considerable hebetude; abdomen somewhat tympanitic. Gurgling, without tenderness, still continues. Pulse 88, regular. Sherry increased to eight ounces."

12th.—Puse 100, soft, regular, of good volume. Tongue moist, with light white coat; skin hot and pungent; one loose dejection.

14th.—Pulse 88, regular; tympanites and gurgling still continue; eruption rapidly fading.

15th.—Tongue dry, but not brown; aspect improved.

17th.—Improving; pulse 84, soft.

20th.—Improving; one hard dejection.

30th.—Discharged, well.

Duration of disease, 32 days; in hospital, 21 days; illness, there, 9 days; convalescence, 12 days.

Summary.—Number of cases, *eight:* males, *three;* females, *five.* Recoveries, *six;* deaths, *two.*

CARBOLIC ACID IN SURGERY.

By George Derby, M.D., Surgeon to the Boston City Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

The use of carbolic acid in surgery is based directly upon the investigations of M. Pasteur on putrefaction, in which he shows the relation of infusoria to the process. The results of his experiments, as published in the *Comptes Rendus* of the French Academy, and in the *Annales des Sciences Naturelles*, are briefly these:—Putrefaction* is fermentation. Fermentation is putrefaction. The process is one and the same, and in all cases determined by the presence of infusoria. They, in fact, are the true ferment. These infusoria are minutely described by Ehrenberg and also by Pasteur. They are chiefly Vibrios and Bacteria. Pasteur† says they resemble, in certain respects, plants rather than animals, and they may be regarded as among the most minute and imperfectly organized forms of life, whether of the animal or vegetable kingdom.

"Should these microscopic beings disappear from the globe, the surface of the earth would be encumbered with dead organic material, and bodies of all sorts, animal and vegetable. Without them life would become impossible, since the work of death would be incomplete."‡

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* Comptes Rendus, t. 56, p. 1189.

† Ibid, t. 52, p. 1260.

‡ Ibid, t. 54, p. 265.

The above extract from Pasteur shows how far these ideas of putrefaction reach. They revolutionize the doctrine that the vital principle alone defends organic material from the destructive action of oxygen, and show that neither air nor water can convert organized substances into simple elements. That process is due to infusoria.

These organic germs are everywhere present in the atmosphere.* Pasteur found them on the Jura, at Montanvert, and at other great elevations, although in diminished numbers. In Paris, every bubble of air contains myriads. In hospitals they particularly abound. It is certain that they exist in every place occupied by man.

The application of these ideas to practical surgery was first made by Mr. Lyster, a surgeon of Glasgow, and an account of his experiments has been recently published in the London *Lancet.* He sought to prevent decomposition of the fluids thrown out in cases of compound fracture. To do this an agent was required sufficiently powerful to kill the infusoria already admitted by the external wound, and which should not be also destructive to the tissues. Such an agent is found in carbolic acid. This he applies freely to all lacerated parts which have been exposed to the air, and then seals up the external wound with the same substance, claiming that by this process a compound fracture is converted into a simple one. Abscesses are also treated on the same principle, the access of infusoria to their interior being prevented by holding a cloth wet with carbolic acid in front of the abscess at the moment of making an incision.

It has occurred to the writer that a simpler and more effectual way of securing this result would be by throwing a jet of carbolic acid spray from an atomizer upon the point of opening.

The following case, which by itself proves little, and yet may be regarded as a contribution to the history of this interesting question, was reported at the last meeting of the Boston Society for Medical Improvement.

September 21st, 1867. A boy, 9 years old, was received at the Boston City Hospital, with compound fracture of the middle of the right thigh, having fallen from a tree three or four hours previous to admission. The external wound was on the anterior face of the thigh, and large enough to admit a finger, by which the ends of the broken bones could be touched. A good position was got by means of sand-bags and a five-pound extension weight. A solution of carbolic acid in glycerine, equal parts, was then applied freely to the wound, all parts being touched which could be reached by a bit of sponge held with dressing forceps. No ether was used, and the application caused very little pain. The external wound was then covered with a piece of lint soaked in the same solution. On the following day, this was found to be firmly adherent to the adjacent skin.

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* Annales des Sciences Naturelles, t. 16, p. 45.

During the following four weeks this covering never became detached. Fresh pieces of lint soaked in carbolic acid were occasionally added to it, and the surface was daily moistened with the solution above named. A few drops of serum occasionally oozed from the edge of the lint, but not a drop of pus. At the end of four weeks the covering was removed, disclosing a round, superficial ulcer, half an inch in diameter, which in a couple of days was covered with a firm scab. There is now (Oct. 26th) firm union of the bone.

From the beginning to the end of this case there has been no constitutional disturbance, and in every respect the patient's condition could not have been better had the fracture been simple.

PUNCTURE OF THE BLADDER ABOVE THE PUBIS.

By John H. Mackie, M.D., of New Bedford.

[Communicated for the Boston Medical and Surgical Journal.]

Seeing in your Journal of this week a successful case of puncture of the bladder through the rectum, I am induced to report a successful case of puncture of the bladder above the pubis, that has just occurred in my own practice. Sunday, Oct. 13th, at 9 o'clock, P.M., I was invited by my friend Dr. C. L. Swasey, of this city, to see with him a patient suffering under retention of urine from an impassable stricture. The patient, a Scotchman, aged about 40, was a man of good constitution and habits, but had been indulging in a slight excess in drinking. At the time I saw him, about thirty hours had elapsed since he passed urine. Dr. S. and myself tried in vain to pass a catheter, and as the bladder was *enormously* distended, we decided to puncture. Believing that the bladder had risen so high in the abdomen as to preclude all danger of wounding the peritoneum, I plunged a medium sized trocar and canula into the bladder, immediately above the symphisis pubis. Before the urine had ceased flowing through the canula, I passed into the bladder, through the canula, a small gum catheter, withdrawing the canula over it, and leaving the catheter in the bladder, placed the patient on his side, gave him a good dose of morphine, and left him for the night. The next morning I found him perfectly free from pain; and in the course of the day he passed urine by the urethra. The next morning, Oct. 15th, I removed the catheter, and yesterday morning, 16th inst., found him "up and dressed." To-day, the external, and apparently the internal, wounds have healed, he passes urine naturally, and is discharged, with a recommendation to have his stricture treated by dilatation. During the case, no medicine was given, except morphine. He was kept in a recumbent posture, and allowed to take nothing except "meal gruel," flaxseed tea, and cold water.

New Bedford, October 19, 1867.

DEMONSTRATIONS OF SPLANCHNOSCOPY BY TRANSLUCENCY.

[Translated from the Gazette Hebdomadaire for the Boston Medical and Surgical Journal.]

Among the contributions made to the (International) Congress at one of the evening sessions, we should mention the demonstrations made by M. Milliot upon splanchnoscopy by translucency, which were received with much interest. At first, he mentioned the illumination of the different cavities of the body, such as the larynx, mouth and eye, and proposed the substitution of illumination by transparency, or rather translucency, in the same manner as in the exploration of a hydrocele, thus rendering a more certain acquaintance with the existence of tumors of the stomach, rectum, and even of the ovary.

The method employed by M. Milliot consists in introducing into the stomach or rectum some glass tubes of small calibre containing two platinum wires connected with the electrodes of the apparatus of Middedorpf, and in this way transmitting an intense illumination into the visceral cavities. It can readily be conceived that by rendering the internal cavities translucent, how much advantage may be obtained in the diagnosis of tumors of the stomach and abdomen. M. Milliot, by repeating his experiments before quite a numerous and enthusiastic audience, succeeded in convincing members of the Congress that an illumination of the abdominal walls in a dog, and a cat, can thus be obtained by the introduction of a tube into the stomach or rectum. But no cases upon the living subject were cited to prove the solution of the problem sought by him. He succeeded in illuminating the abdominal walls of a dead body by introducing the tubes into the stomach and rectum.

It is difficult to limit the advantages of illumination by translucency of the abdominal walls. At present there is only a curious fact in these experiments, and important advances must be made before this mode of exploration can be of service in the diagnosis of ovarian cysts, at least as much as M. Milliot hopes from it. But an advance upon similar attempts by Fonsagrives in 1860, and by Brück, has been obtained in the arrangement of this present process. The artificial illumination by means of M. Milliot's tubes can at any rate be employed for exploring or operating upon the nasal, buccal, rectal and vaginal passages, and we may hope that improvements in the apparatus will render possible its application to illumination and exploration of tumors in the abdominal cavities.

It seems to us, also, that the medical world cannot be accused of indifference, and that splanchnoscopy, received with favor in the commencement, may soon be judged and classed according to its merits among other methods of exploration.

In consequence of the extensive prevalence of yellow fever in Galveston, Texas, and the death by it of the Professor of Surgery and the Demonstrator in the Medical College of that place, the course of lectures in the College is deferred till December 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 31, 1867.

THE CAUSES OF INSANITY.

Few etiological questions are now exciting more attention and study than the causes of mental disease. It is a popular impression that insanity prevails to an unprecedented extent at the present time, and the inquiry is often anxiously made, what is there in the condition of society to account for such an alarming condition of things, and how can the community be protected from such a baleful influence? Whether this class of disorders really does exist to an unusual degree perhaps admits of reasonable doubt. At any rate, we may say with confidence, that the enlightened diagnosis of the present time has settled many obscure points about it, and fixed the unequivocal stamp of insanity on much that has been heretofore generally regarded rather as evidence of moral obliquity.

The active intellectual habits of our people, and the startling cases which occur from time to time in the midst of our busy communities, of men of mark for their enterprise and business energy suddenly breaking down in the midst of their career to become the drivelling victims of *paralysie générale*, are calculated to make every thoughtful man solicitous lest even the most laudable and enjoyable devotion to the active pursuits of life may be leading him directly, and with the most complete unconsciousness, to this fearful abyss. Doubtless such overtasking of the cerebral powers is often an exciting cause of this great calamity, for we have the highest *expert* authority for believing it. Nevertheless, the domain of doubt in relation to the origin of many forms of mental disease would seem to be extending, if we may judge by the increasing number of cases in the annual reports of superintendents of the asylums for the insane, in which the cause is set down as unknown. Persistent efforts have been made, we are aware, in some quarters, to prove that the diseases of certain organs of the economy are the cause of a large class of these cases. Without pretending to discuss the question here, it is sufficient for our present purpose to say, that, so far as our information extends, these efforts have as yet failed to make much impression upon those whose opinion has the most weight in this department of medical science.

Sharing in the common interest of our profession as well as the community at large in these important questions, we were specially gratified to find in the last number of the Transactions of the American Medical Association an able paper from one of the masters of the science of morbid psychology, Dr. Isaac Ray, being a report from the Committee on Insanity. We are safe in saying that to no higher authority in this country could we look for light to illuminate the darkness which surrounds this subject. In his calm, philosophical, judicial way he proceeds to brush away the mist of vagueness and hasty judgment with which it is too often obscured in the popular mind, and let in upon it the clear light of dispassionate reason. He shows how much the popular blindness is owing to the want of a proper knowledge of the real nature of the disease, of the parts primarily affected, and its relations to the mental and bodily constitution. So that he wisely remarks:—

> It is not strange, therefore, that *fear of poverty, vague apprehensions, jealousy, envy, suppressed menstruation*, should have figured as prominently among the causes of insanity as if they had exerted some agency in its production, instead of being only the early indications of its actual presence.

After criticizing the common custom among physicians of finding in certain alleged moral and physical agencies satisfactory causes for insanity, and showing how unphilosophical all this has been, "mistaking merely accidental and even trivial incidents for necessary and potential agencies," he continues his discussion by submitting mental disorders to the test of the general law which is admitted in the production of other diseases. And in pursuing this investigation he comes at once to hereditary influence as the most active of all the agencies in their production. Passing by his argument for this, we come to his inquiry as to the origin and subsequent stages of the insane tendency; and here we must quote Dr. Ray's own words:—

> Hereditary disease must have had a beginning, at some time, and in some shape or other. That it may originate in a single individual, and in him pass through all its stages from incubation to full development, we are not prepared to deny. What we would deny, however, is that if it occurs at all, the occurrence is so common as to be other than an exceptional fact. The more complete our observations are, the more reason we have to believe that insanity seldom passes through all its stages in a single individual. The initiatory point is generally, if not always, some defect or ailment of the nervous system, manifested by headaches or excessive irritability, or chorea, or hysteria, or epilepsy, or singularity, or moral perversion, or seasons of depression.
>
> In the next, or a subsequent generation, we witness either a repetition of the same defect, or an attack of insanity fully formed.
>
> This, then, is the general rule: that more than one generation is required to accomplish the various stages of the disease. And if this fact is supposed to preclude the idea of its being hereditary, it would be a sufficient reply that other diseases regarded as hereditary originate in a similar manner. Phthisis, scrofula, gout, apoplexy, epilepsy, all imply, in the parent of the patient, merely a tendency to the disease, as often as they do the overt disease itself. The essential thing is nervous impairment. This, once established in any individual, may be transmitted to his offspring, to appear in the same form, or in the last stage of development. Indeed, cerebral vitiation seems to be peculiarly liable to transmission, even when it is casual and temporary. We know that habitual intemperance in the parent is often followed by habitual intemperance in the offspring, and that the children propagated during a season of reform may live and die free from this vice. We know that strong, distracting emotions during the period of pregnancy are frequently followed by some form of nervous ailment in the offspring. We know that the nervous irritability produced by blows or falls on the head is often transmitted to the succeeding generation in a more aggravated form.
>
> The doctrine here advanced implies nothing strange or extraordinary. It implies no deviation from the ordinary line of morbid occurrences. It is neither a crotchet nor a refinement, but a veritable lesson of a large and careful observation.

Dr. Ray next touches upon the subject of moral insanity and ably contends for the existence of this form of disease, even when the intellectual processes are unimpaired; that there is "no more reason to say that insanity implies intellectual disorder necessarily, than we have to say that it implies moral perversion." "Considering that the brain is the material instrument of the mind," he says:—

We have a right to infer that its manifestations will be controlled not only by the direct and positive influences of health and disease, but also by those conditions which imply *imperfection, defect, deterioration.* That the quality of the brain may be vitiated by the cerebral imperfection of the parent, whether produced by disease, congenital defect, moral shocks, or intemperate habits, can scarcely be doubted; and this condition of the brain may be manifested not only by insanity and other nervous diseases, but by criminal impulses, by proclivity to evil, and by the supremacy of the lower moral sentiments, insomuch that it is apparently a matter of accident whether persons thus constituted bring up in a jail or a hospital. The true lesson they teach the inquirer—the only one worthy of the spirit of true science—is not one of discouragement and helplessness, but of courage and perseverance.

Dr. Ray ingeniously answers the objection of those who contend that so long as the reasoning faculties are undisturbed the moral forces should be and can be controlled, and therefore accountability continues, as follows:—

The objection is specious, but it is not confirmed by our knowledge of the mental movements under the various influences of health and disease. In the normal state, the conclusions that a man adopts, the conduct which he follows, are often determined as much by his *feelings*, to use the popular phrase, as by deliberate, well-considered reasons. In the healthy state, this fact does not impair responsibility, but the moment diseased action makes its appearance, even to a degree far short of producing insanity, responsibility is more or less impaired. We are not accustomed to blame the victim of gout or consumption for the irritability and peevishness so common in those diseases; nor would we treat him as a criminal offender if, in a paroxysm of suffering, he should deal a blow at his nurse or physician. So, too, the victim of moral insanity, in consequence of the perverted feelings that accompany that state, may be led into ruinous schemes of business, into abuse of his family, or quarrels with his neighbors, while giving very plausible, if not satisfactory, reasons for his conduct. The affective powers bear their part with the reflective in shaping the conduct and determining the conclusions, and whether the disease is confined to one or the other, the result is equally vitiated. Observation shows that resistance is generally offered, and may be successful until the disease has increased to such a degree as to sweep away all opposition to its sway.

In his remarks on the treatment of insanity, Dr. Ray claims, as might be expected, for moral treatment supremacy over any method addressed primarily to any special bodily condition. Such treatment "is addressed to the suffering organ through the mind itself, and is to insanity what a change of scene, cheerful company and agreeable surroundings are to other diseases." He does not underrate the importance of improving the bodily conditions that accompany insanity, but he adds, that "faith in any direct, specific treatment of it can hardly be found among those most conversant with it."

This little report of fourteen pages is one of the most valuable in the last publication of the American Medical Association, and must have an excellent influence on the medical profession at large, for whose particular benefit it was presented.

THE LATE DR. J. MASON WARREN—RESOLUTIONS OF THE PHYSICIANS AND SURGEONS OF THE MASSACHUSETTS GENERAL HOSPITAL.

At the regular quarterly meeting of the Physicians and Surgeons of the Massachusetts General Hospital, held at the house of Dr. Henry J. Bigelow on the 26th inst., Dr. Bigelow, the chairman, offered the following resolutions, which were unanimously adopted:—

Resolved, That the members of this Board are deeply sensible of the loss they have sustained in the death of their late associate, Dr. J. Mason Warren, in the maturity of his faculties and usefulness.

Occupying an enviable position at his entrance upon professional life, he carefully cherished both his personal and hereditary reputation and did honor to a name already illustrious. From the outset he surrendered himself to his favorite pursuit with a zeal so exclusive that everything connected with it seemed to assume, in his view, an importance sometimes partaking almost of exaggeration. For more than twenty years the Massachusetts General Hospital reaped the benefit of this concentrated professional devotion, which the illness of the last year or two of his life hardly abated; and remembering that he undertook no duty that he did not perform with conscientious exactness, this Board recognizes the extent of its obligation to him, both in the value of his daily services and in the reputation he has added to the institution of which his father was a founder. He was an accomplished surgeon, and brought to the deliberations of his colleagues an inherited and prompt decision, not the result merely of strong conviction, but tempered and guided by a mind instinctively logical as to the recurring facts of every day surgical practice; based on a breadth of view such as long experience only can give, and comprehending not merely the material pathology, but the mental condition and the surrounding circumstances of the sufferer. He devised new and valuable operative methods, of which the free dissection in the case of cleft palate was perhaps the most important; although in omitting to specify with anatomical detail the parts divided, he enabled a foreign surgeon to lay doubtful claim to an operation which he had himself really devised, and first successfully performed.

In surgery, life often hangs upon the difficult decision what it is best to do. To do it is afterwards comparatively easy. As a good executive surgeon, possessing most of the lesser and more common attributes of modern surgical excellence, Dr. Warren was a cool and skilful operator, and possessed a desirable boldness or confidence so far that no timidity or hesitancy ever warped his judgment away from an operation of serious or critical character. Yet he was neither bold nor cool from any constitutional indifference or insensibility to giving pain, nor was he ever led into an operation hastily or indiscreetly by an undue desire for novelty or notoriety. Indeed, the extent of his surgical practice placed him beyond the reach of influences like these. But to a surgeon, his superiority was in his sound judgment and his great experience; higher and rarer qualities than that mere mechanical dexterity in operating, which in the ruder days of science was identified with it, as it is now often by the public at large, and sometimes even by physicians.

We cannot forget his gentle and high-bred courtesy of manner, never obsequious, nor in his case incompatible with a keen relish for social enjoyment; of late years combined with somewhat less reserve perhaps than formerly, but always diffusing a genial influence and gathering dignity from the purity of his character and the gentlemanlike quality of his sentiments. At the occasional discussions of his colleagues, he did not shrink from a necessary expression of opinion; but he never expressed uncalled-for dissent, and often disarmed or qualified the opposition of those who differed from him by his uniform and manly urbanity. Those who were in frequent professional relations with him for many years will find it difficult to remember a word of disparagement or even criticism of his professional brethren, while it is easy to recall his earnest and loyal advocacy of the claims of those allied to him by ties of friendship or obligation. His interest in our own Board always continued, and when at its last meeting at his house, only a few months ago, he said that while he lived he should be always happy to see us assembled there, he, though he alone of all those present, must have known that his mortal illness was upon him. Skilful in his calling and wise in counsel, he exerted by his social position, his fine temper, his breeding and the elevated tone of his mind, an influence in our Board and in our profession here, the loss of which will be long and profoundly felt.

Resolved, That we recognize in our late colleague many of the attributes of a practitioner which are of greatest value to the community.

In practice he was conservative and cautious; not prejudiced against novelty;

on the contrary, quite ready enough to give it attention, but with sagacious discrimination; open to conviction as well against as for it; and in his relations with others, guiding unsteady minds both of educated and uneducated persons among the ever intruding new and futile remedies, the unprofitable or pernicious expedients and advice, with which the path especially of the surgical sufferer is too often beset.

But the measure of a usefulness to which his health alone set the limit, was dependent upon qualities as well of the heart as of the head. The welfare of those with whom he dealt professionally seemed ever to preoccupy his mind. He visited them so cheerfully and assiduously, both at the hospital and elsewhere, even long after his disease had seriously impaired his strength and rendered all bodily exertion painfully laborious, that one could not but pause and admire the courage and spirit which sustained him. If during his active life he had secured the confidence of his patients by his fidelity and by a decision of character which betrayed no doubt, he did more in winning their attachment by his unremitting kindness and attention, his discriminating perception of their character and wants, by his social qualities, his cordiality, and by the many traits which assured to him also a devoted affection in the nearer and narrower relations of his home.

SURGICAL OPERATIONS AT THE MASSACHUSETTS GENERAL HOSPITAL.

[October 26th. Reported by C. B. Porter, M.D., Surgeon to Out-patients.]

1. *Necrosis of Ulna.* By Dr. G. H. Gay.—Patient aged 40 years. Necrosis following acute periostitis, induced by injury to the olecranon, and gradually implicating a large portion of the bone. Ether not administered. Small fragments removed by strong forceps.

2. *Hydrocele of the Neck.* By Dr. Henry J. Bigelow.—Patient aged 69 years. Tumor of fifteen years' growth; about the size of an ostrich egg; bounded posteriorly by the anterior edge of the sterno-mastoid, and above by the inferior maxilla, extending forward to the median line, and somewhat displacing the larynx to the opposite side, and downwards to within two inches of the sternum. Fluctuating. *Operation.*—An incision, about three inches in length, was made over the tumor through the integuments, the platysma divided upon the director, and the sac immediately exposed. Upon puncturing it, about eight ounces of puriform fluid were evacuated. On introducing the finger into the sac, it was found to extend up beneath the sterno-mastoid, lying above the transverse process of the atlas and about the styloid process of the temporal bone, a region, as Dr. Bigelow remarked, from which these cysts almost invariably spring, being, perhaps, originally a bursal enlargement. The sac was carefully dissected out, leaving only a small portion of the deepest seated part. A few small vessels were ligatured, and the wound closed by sutures.

An interesting fact connected with the case was, that the daughter of the patient had been operated on by Dr. Bigelow, one year previously, for the same disease, the tumor being about the same size and in exactly similar position.

3. *Lithotrity.* By Dr. H. J. Bigelow. The patient, being etherized, was examined for the first time in the operating room. Had previously complained of frequent and painful micturition, and occasional interruption of the stream of urine. A calculus the size of a small bean had been previously passed by urethra. *Operation.*—The bladder having been distended with water, the lithotrite was introduced, and with slight manipulation the stone grasped, which was about five eighths of an inch in diameter, and readily crushed. The instrument being withdrawn filled with fragments, was again introduced, and came away partly filled; on being introduced a third time, it came away empty, there being no appreciable fragments left in the bladder. The calculus proved to be one of rare occurrence, being chiefly composed of carbonate of lime.

4. *Fistula in Ano.* By Dr. R. M. Hodges.—Patient, aged 45 years, had had hæmorrhoids for thirty years, fistula for two years, and a large abscess on one side of the anus for two months, with numerous fistulous openings—one communicating with the rectum just inside the orifice of the anus, the others opening externally. The sinuses were all laid open and water dressings applied.

5. *Fibrous Tumor of the Finger.* By Dr. H. J. BIGELOW.—A small tumor, size of half a green pea, lying between bone and nail. Removed. Appearance, opaque white, and, under the microscope, of purely fibroid structure.

THE prevalence of cholera among the troops on Governor's Island, New York Harbor, during the past summer, and at the West, in some localities where it prevailed last year, tends to confirm the opinion that the seeds of the disease may survive the winter in warm or temperate regions, unless disinfecting agents are employed most thoroughly for their extinction.

THE Italian government has been the first to recognize by law the devotion and disinterestedness of the medical profession in their attendance upon cases of cholera. By a recent law the Chambers have provided that an annual pension of four hundred francs shall be paid to the widow, and a thousand francs to the children of any physician who dies from such exposure. The pension of the widow ceases if she marries again, and that of the children on attaining majority.

DR. CALVIN ELLIS, late Adjunct Professor in the Medical School of Harvard University, has been appointed Professor of Clinical Medicine in place of Dr. Henry I. Bowditch, resigned.

By the recent action of the Board of Overseers of Harvard University, it has been determined to establish a school of Dental Surgery in connection with the Medical School of that institution.

A NEW YORK religious newspaper says that the late Dr. James Jackson, of Boston, was "emphatically the poet and philosopher of the medical profession"!

Dr. J. Marion Sims has had conferred upon him by the King of Italy the Order of St. Maurice and Lazarus, and by the Queen of Spain he has been named Commander, of the first class, of the Order of Isabel la Catholique, as recognitions of the value of his late medical work.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 26th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	39	39	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	40.0	35.2	75.2
Average corrected to increased population - - - -	00	00	83.00
Deaths of persons above 90 - - - - - - -	0	0	0

MARRIED,—In Thomaston, Conn., 17th inst., James J. Averill, M.D., of Meriden, Conn., to Miss Kate L. Woodward, of Thomaston.

DIED,—In this city, 22d inst., Edwin Adams, M.D., 66 years 2 months.—At Chelsea, 26th inst., Dr. Robert Howard Cary, aged 73 years 7 months. Dr. Cary graduated at Harvard University in 1816, and received the degree of M.D. in 1820.—At Waltham, Oct. 25th, Dr. Samuel Warren, aged 65 years 6 months, a graduate of Harvard University in 1827.

DEATHS IN BOSTON for the week ending Saturday noon, Oct. 26th, 78. Males, 39—Females, 39. Apoplexy, 2—asthma, 1—abscess of the brain, 1—disease of the brain, 2—bronchitis, 5—burns, 1—cancer, 3—cholera Infantum, 2—consumption, 10—croup, 3—debility, 1—diphtheria, 1—dropsy of the brain, 3—dysentery, 2—erysipelas, 2—bilious fever, 1—scarlet fever, 6—disease of the heart, 7—infantile, 4—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 2—paralysis, 1—puerperal disease, 1—premature birth, 1—peritonitis, 1—suicide, 1—scrofula, 1—unknown, 9.

Under 5 years of age, 29—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 11—above 60 years, 13. Born in the United States, 55—Ireland, 18—other places, 5.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL

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SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by David W. Cheever, M.D., one of the Visiting Surgeons.]

Thirteenth Paper.—*Two successful Cases of Excision of the Head of the Femur for Morbus Coxarius.*

Case IV.—*Excision of the Hip. Recovery.*—(Service of Dr. Buckingham.) Feb. 12th, 1867. F. T., æt. 14, of scrofulous parentage, was healthy until last September, when he began to have pain and stiffness in left hip. Soon after, had an attack of fever lasting three weeks; was confined to his bed thirteen weeks, being much reduced, with night sweats and emaciation. During this time an abscess was opened below the trochanter major, and it has ever since discharged pus freely, with, occasionally, small fragments of bone. He has grown feeble, pale and thin. Appetite good. No cough. The thigh is held persistently flexed. The nates are flattened, and there is a good deal of swelling. Great pain on moving the limb.

He was put to bed; extension by weight applied, and the syrup of iodide of iron given.

Feb. 15th.—Unable to bear weight.

20th.—Discharge more profuse; patient more feverish and feeble.

24th.—A painful diarrhœa; treated by astringents and opiates.

March 1st.—Diarrhœa better. Less pain, but cannot bear extension. Lies with leg drawn up constantly.

5th.—More sallow and emaciated daily.

10th.—Is very weak.

13th.—Return of diarrhœa.

14th.—Extremely pale, thin and exhausted, with diarrhœa, hectic and suppuration. Appetite, however, good.

The patient was now so excessively reduced that it seemed an open question whether he would survive more than a few days. It appeared very doubtful whether it was expedient to interfere with the apparent course of this disease to a fatal result. Nothing could be done, unless by operation. Without interference, he was slowly sinking. After weighing well the probabilities of the course to be pursued, Dr. Buckingham determined to give him the benefit of the only doubt which presented itself, and, with his consent, to cut open the joint and remove the diseased bone, or so much of it as may be practicable.

Operation.—March 15th. After etherization, an incision, V-shaped, point downwards, was made over the joint. The muscles were dissected away from the great trochanter; the chain saw was passed beneath, and the femur sawn through just below the trochanter. The head of the bone was now seized with heavy clawed forceps, the muscles dissected back from the acetabulum, the capsule opened, and the head and neck of the femur removed. The ligamentum teres had disappeared, but the head was not dislocated. The head of the femur was extensively eroded. The acetabulum was carious, and a few loose pieces were removed. The hæmorrhage was slight; some small vessels were tied, and the wound filled with a sponge. Stimulants and morphine were given. After the operation, the pulse was 140, and very compressible. One hour later, pulse 150, and weaker. Ten drops of tincture of opium were given in milk.

In the afternoon, a Smith's anterior splint was applied, from the toes to the abdomen, keeping the leg quiet. At 6, P.M., pulse 150; sleeping. Milk punch was ordered, during night.

March 16th.—Pulse 140. Much irritative fever.

17th.—Pulse 140. One egg for breakfast. Sponge removed from wound.

19th.—Pulse same, but he looks better. Granulations appearing.

20th.—Odor less offensive. Pulse 140.

24th.—Wound measures four by five inches. It is filled with healthy granulations. General condition improving.

28th.—Wound contracting.

31st.—Appetite better. But little pain. Wound discharges healthy pus. Appearance of countenance better.

It was now, a fortnight since the operation, evident that he had rallied from the shock, and was going on favorably. Improvement was, necessarily, excessively slow, and could be measured only by months.

April.—The wound continued to close.

May.—He improved, but suffered much from bed-sores, being very emaciated.

June.—He was put into a basket, and taken out of doors daily—and from this time a very marked improvement began.

July.—He was encouraged to use a little passive motion of the legs, daily. The wound was closing; a fragment of carious bone was discharged.

August.—He steadily gained, until the 27th, when he was discharged; five months since the operation, and one year since the beginning of the disease.

At this time his condition was as follows:—Face round, fat and sun-burned. Appetite excellent. No hectic, nor sweats. Very slight discharge from wound of excision, which has nearly closed. Bed-sores healing. Has gained flesh. Both knees crippled by false anchylosis, owing to long flexion. Passive motion of them, however, is improving daily. Moving the hip gives no pain.

His ultimate recovery seems no matter of doubt. He was so near death at the time of the operation, that great fears were expressed whether he would survive it.

CASE V.—*Excision of the Hip. Recovery.*—(Service of Dr. CHEEVER.) Martha S., æt. 6 years, entered the hospital Feb. 23d, 1867, with the following history:—

Nearly a year before entrance, she complained of pain in the knee, followed after a time by pain in the hip, which increased to such extent that, in November, 1866, six or seven months after the first attack, she was no longer able to stand upon the affected limb, and was confined to bed most of the time. She had always had a feeble constitution, and at the time of admission was very delicate. Her mother had died of phthisis.

On entering the hospital, the right limb was continually adducted, the toes being inverted, and the slightest efforts at abduction giving pain. There was no appreciable shortening. Bowels constipated, and appetite variable.

Until March 1st, the patient remained in bed, with extension by a five-pound weight applied. ℞. Olei morrhuæ, ℥ ss. t. d.

March 1st.—Sayre's splint adjusted. Sat up three hours.

3d.—Extension in bed resumed, as it is more comfortable than the splint.

10th.—Continues comfortable. ℞. Elix. bark and iron, ʒ ij. t. d.

15th to May 7th.—Extension continued, without decided beneficial effects. Sayre's splint adjusted again May 7th.

20th.—Hip was so excessively tender that the splint was kept on only about a week. The joint seems more tender, and the deformity is increasing. The head of the femur is out of its socket, and the two contiguous surfaces are rough and denuded.

The question of performing the operation of excision of the head of the femur was now seriously considered. Three months of rest and extension had been productive of no benefit. Were it possible to have the patient treated by a long-continued expectant method, and under the best hygienic influences, the case might be fairly left to nature, and recover ultimately with anchylosis. On the other hand, the circumstances of the child's friends rendered it impossible for them to take care of her, and carry out treatment. Abscess, sinuses, and perhaps death, must be an early result of letting her walk round, and of neglect.

Under the circumstances, it was not deemed precipitate to operate, even though no evident abscess existed.

The operation was performed in the presence of many members of the Massachusetts Medical Society, June 4, 1867.

A V-shaped incision was made over the trochanter major, the apex pointing downwards. The head of the femur was found to be denuded over almost its entire surface, and the disease extended to the brim of the acetabulum. The head of the femur rested on the upper and outer lip of the acetabulum; and about two drachms of pus were found around the joint. The cup of the acetabulum was filled with fungous granulations, and not carious. The diseased portion of the ilium was left to exfoliate. The femur was sawed by means of a chain saw, below the trochanter major, and a piece removed an inch and a half long. The cancellous structure was found to be very soft. Some of the adjacent softened and degenerated tissues were removed, two ligatures were applied, and the wound left open. There was very little hæmorrhage. Patient was placed in bed, on her left side, without apparatus. Evening.—Pulse 140, regular. Very little pain.

June 5th.—Patient feels bright and playful. She takes milk freely. There is no vomiting, and no pain in wound. Patient altogether as comfortable as before operation.

6th.—Sleeps well at night. Cheerful during day. Pulse 140. Strength fair. Tongue furred and moist. Wound has commenced to suppurate.

9th.—Patient has had so little pain that only one or two opiates have been required since the operation. The wound is clean.

10th to 30th.—Continually improving.

30th.—Leg can be moved considerably without discomfort.

July 5th.—Sits up in a chair, and stands on sound limb. Is able to move about the bed. Wound 3 inches by ¾ inch.

10th.—Doing well. No soreness. Discharge very slight. Wound nearly closed.

20th.—Steadily improving. Creeps about the ward. Ulcerated surface 2 inches by ¾ inch.

30th.—Patient has some power of motion in the affected limb. Is beginning to walk on crutches.

Aug. 2d.—Very comfortable. Walks about the ward a little with crutches, and can bear considerable weight on the foot.

10th.—Improving. Wound nearly closed; very little discharge and no pain. Appetite good, functions regular, and spirits excellent.

15th.—Walks with crutches very smartly, bearing some weight on the right limb. Can stand without support. No pain on motion of leg. Wound nearly closed, and no dressings required.

25th.—Hops about ward without crutches. No pain.

Sept. 3d.—Patient can walk without crutches, but with a limp. Can nearly bear weight of body on affected limb. Health and strength improving. Wound almost closed. No pain or tenderness about hip. Shortening of right limb, one and a half inches. She was discharged; three months after operation.

These two cases were in striking contrast with each other. In the first, the disease had advanced to the limits of endurance, and the patient was hanging between life and death. In the second, the joint was excised before an abscess, of any magnitude, had formed. Both cases resulted favorably.

CASES OF IMPOTENCE AND OTHER AFFECTIONS OF THE MALE GENITAL APPARATUS TREATED BY GENERAL AND LOCALIZED ELECTRIZATION.

By George M. Beard, M.D., Lecturer on Nervous Diseases in the Medical Department of the University of New York, and A. D. Rockwell, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

That general electrization with the Faradaic current is a general tonic, just as localized electrization is a local tonic, we have endeavored to establish in our recently published treatise on "The Medical Use of Electricity." The cases therein recorded, however, are mainly the very ordinary neuralgic, dyspeptic, rheumatic and paralytic affections, and are manifestly a very imperfect exhibit of what can be accomplished by the tonic effects of electrization.

If once the fact be conceded that general electrization, when employed in the manner we have described, is a tonic, then the indications and limitations for its use at once suggest themselves, just as with the use of iron, quinine, strychnine, and all other remedies that we are accustomed to classify among the tonics.

The effects of general electrization are similar to those of ordinary tonic remedies administered internally, in the following particulars:—

1st. It strengthens the organs of assimilation and very markedly affects the secretion and excretion. The appetite increases in keenness and vigor; the bowels, if constipated, become more regular, and the sleep more refreshing; as a consequence, also, there is oftentimes an increase of the muscular development. The menstrual function is frequently made more active, or is renewed after it has been suspended. The quantity of urine voided is much increased, sometimes immediately after the beginning of the treatment. As a result of all this increased activity of the vital functions, the patient improves in capacity for endurance, and is able to use more violent and protracted exercise than before.

2d. It causes a temporary feeling of exhilaration, very much like that which is experienced after surf- or shower-bathing. Patients say that they feel at once refreshed, as though they had taken a brisk walk in the open air. This enlivenment of the sensation often lasts for hours. Sometimes, especially with nervous patients, a very agreeable drowsiness is experienced, that makes a couch or lounge very inviting. If sleep be at once indulged in on account of this, it is usually very quiet and refreshing.

3d. The reaction that follows a too severe or protracted general application of electricity is as great, even much greater in many instances, than that which results from an overdose of quinine, iron, strychnine, bathing, exercise, or of any other tonic remedy or influence. Indeed, there is no remedy in the effects of which there is so wide a range of susceptibility with different patients, as general electrization. The feeling of weakness and depression that ensues when the application has been too violent or too protracted for the constitution or condition of the patient is sometimes very unpleasant, and may alarm those who have not been properly forewarned that, at the outset of a course of treatment, they will probably experience it to a greater or less degree.

General electrization differs from other tonic remedies in these respects:—

1st. In many phases and types of diseases it often measurably or partially succeeds when internal medication fails. This advantage is most frequently observed in constitutional neuralgias, dysmenorrhœa, in the various manifestations of dyspepsia, in chorea and in anæmia. On the other hand, in some cases of epilepsy in very aged persons, however affected, it is sometimes even more inoperative than internal remedies.

2d. General as well as local electrization differs from internal tonics in that it has the power of causing absorption of exudation and infiltration. This is variously termed its " chemical, " catalytic," or corrective effects. It probably does this by virtue of its local tonic effects on the absorbents and diseased tissues. To secure this object it may be used in the active inflammatory stages of rheumatism, as well as in long-standing synovitis.

3d. General or localized electrization oftentimes has an immediate and temporary calmative effect on irritated nerves or organs. It sometimes relieves the pains of neuralgia, rheumatism and indigestion at once. The length of time that such relief endures varies with different cases and types of diseases. Although we had long ago recognized these essential features of electrization, yet our first essays in its employment for genital weakness were purely experimental. The experience of foreign observers in the use of localized electrization had not extended to the specific treatment of atony, flaccidity, urethral inflammation or impotence, but that may easily be accounted for by the fact that they do not, as a body, recognize the tonic effects of electrization as we employ it.

The following cases are typical of a number that we have been called upon to treat, and will fairly represent the indications for the use of electricity in affections of the male genital organs, and the varying results of the treatment.

Case I.—Mr. B., an English gentleman, 40 years of age, was directed to us to be treated for a kind of neuralgia of the neck of the bladder. He was stout, finely formed, very muscular, and in all respects healthy, save the almost constant, but not very severe, feeling of pain and irritability proceeding from the neck of the bladder towards both thighs. He referred the difficulty to a bad attack of gonorrhœa a number of years previously, but there was no difficulty in voiding the urine, and examination with the sound revealed no stricture. As the patient was in most excellent health, we employed mostly partial applications with the Faradaic current, placing the positive pole above the pubes, or pressing it firmly against the perinæum, while the patient stood on a sheet of copper, to which was attached the negative pole. Sometimes we localized the current around the neck of the bladder as nearly as possible by placing one electrode against the prostate and pressing the other over the pubes. In this connection, we may state that we do not make applications directly to mucous membranes by means of sponges, wherever it is possible to send the current through those parts by pressing the electrodes against the surrounding skin. The reasons why we find this external method more effective are briefly these:—

1st. It allows of the use of a much stronger current than when either one of the electrodes is applied directly to the moist mucous membrane. It has been abundantly established by the researches of Eckhard that the tissues of the body are good conductors of electricity in proportion to the amount of salts they contain. The mucous membrane, whether of the ear, the eye, the nose, the throat, the vagina, the uterus or the urethra, is very liberally supplied with saline secretion as well as with sentient nerves, and consequently will not ordinarily bear a current of sufficient strength to accomplish the therapeutical purpose desired.

2d. Because the pain caused by the applications—the strength of the current and other conditions being the same—is in proportion to the conductibility and size of the electrodes. In other words, a small electrode causes greater pain than a larger one. Metal is more painful than sponge, and sponge is far less agreeable than the *moistened* hand. Now, it is obvious that the tip of an insulated electrode that can enter the urethral canal up to the neck of the bladder must be exceedingly small, and consequently must cause very great pain, even to faintness. The same is true, to a limited extent, of the mucous membrane of the ear, eye, pharynx, larynx, vagina and uterus. These statements any one can readily verify by experiments upon themselves.

For these reasons we ordinarily prefer to make the applications through and around rather than directly upon mucous membranes. For the same reasons we prefer the moistened hand of the operator to any artificial electrode, whether in localized, partial or general electrization. The vexed question, whether the current thus passing through the operator to the patient carries with it some of the operator's own magnetism, we leave to a larger experience and a more accurately developed science to determine.

To return to the case of Mr. B. The result of this treatment, so far as relieving the irritability of the neck of the bladder was concerned, was not satisfactory. The patient received but four or five applications, and becoming disheartened because a disease of fourteen years continuance did not yield in as many days, abandoned the treatment. He reported, however, immediately after the first application, that there was considerable increase of the sexual power, and that the quantity of fluid secreted was greater than usual. He remarked the same at each succeeding application, although the electrodes were not applied directly to the testes. Other patients upon whom we have employed general electrization for various affections have made substantially the same confession. Therefore we seem to be justified in inferring that the same effects are experienced and realized by many who do not care to acknowledge it.

Case II.—Mr. W., æt. 38, of medium height and very spare, came to us in October, 1866, desiring to test the power of electrization for a chronic irritability of the bladder that had harassed him at intervals for several years. The amount of pain was not great, but there were perpetually recurring attacks of uneasiness in that locality, and sometimes after standing many hours (he was a bookkeeper) there was a sense of weight and heaviness that kept him in a disagreeable state of consciousness of the existence of his genital system. His general health was only fair, and we decided to make the applications general. Accordingly, he placed his feet on the sheet of copper to which the negative pole was attached, while the moistened hand was applied over the body from the head to the feet. The immediate effect was to subdue the local irritation and exhilarate the entire system, so that the patient left the office in excellent spirits. He returned again in three weeks, and reported that there had been some recurrence of the difficulty, but that, on the whole, he had felt better. The sexual appetite and power had been so much increased as to excite his wonderment. He continued to visit us from time to time for a number of weeks, with a repetition of the same effects, viz., relief of the irritation and increase of sexual power. In this case, we sometimes applied the sponge directly against the scrotum.

Case III.—Mr. N., a merchant in the prime of life, and to all appearances enjoying excellent health, consulted us for inability to perform satisfactorily the act of coition. This inability did not involve an absence of sexual desire, but simply a want of power to obtain and retain an erection. This gentleman had a family of several children, and since his marriage, many years before, had led, according to his statement, a correct and regular life. He attributed this premature decline to early excessive indulgence and abuse of the generative function. His outward appearance belied his general condition, for he suffered much from headache, and oftentimes, on rising in the morning, from considerable enervation.

General electrization was decided upon and given, together with local applications. He continued treatment for three weeks, receiving an application every other day. The result was entirely satisfactory. His general condition was so much improved and the vigor of his sexual organs was so much increased, that he was enabled to complete the marital act as satisfactorily as in his youth.

Case IV. was a pure experiment. Mr. ——, aged 44, was sent by Dr. Jerome Smith to be treated for impotence of nearly twenty years' standing. When but 17 years old, he contracted gonorrhœa, and at the age of 25 was attacked by syphilis. At that time he led a very dissipated life, and no sooner was an attack of this disease apparently cured than he forthwith subjected himself to another. During the last attack, the solid caustic had been introduced into the urethra. This cauterization produced excessive inflammation and pain, and was followed by complete impotence, associated with a feeling of numbness and coldness in the penis. He had tested nearly all remedies, and at one time, by the advice of Dr. Brown-Séquard, he had used hot and cold douches, but all without avail. When he came to us the penis was quite cold, and much below the natural size. Erection was occasionally possible, but he was never able to accomplish the marital act. The testes were of an almost natural size, and when the penis was artificially excited, a small amount of semen would appear. The penis was apparently paralyzed, and the impotence was manifestly due to that more than to the want of seminal secretion. The patient was a stout, hardy, vigorous man, of a full habit, and quite a free liver, and neither in his countenance nor in his general bearing betrayed the slightest effects or even consciousness of his affliction.

Four partial applications of the Faradaic current were given, with the effect of temporarily increasing the warmth of the penis, and nothing more. The galvanic stream from a pole of seventy-five pairs was then tried. It increased the circulation in the penis, and consequently heightened the temperature more than the Faradaic current, but no permanent benefit resulted. Our patient then discontinued the treatment, owing to the pressure of his business engagements. He would have persevered, however, if we had felt warranted in holding out reasonable chances of a successful result from a long course of electrization.

Case V.—A medical gentleman of our acquaintance was cured of an acute attack of gonorrhœa with a rapidity which astonished both himself and us. He had on several different occasions been so unfortunate as to take the disease, and when this last attack occurred, he discarded the copaiba by the aid of which he had been accustomed to abort the disease, and instead employed injections of chlorate of potash. The inflammation seemed to be aggravated by this treatment, and he finally came to us and requested that electrization might be tried. He was complaining of severe inflammatory symptoms, and the passage of his water was attended with a scalding pain of unusual severity. We told him that we had never used electrization for acute inflammation of the urethra, but that we would attempt his case as a pure experiment. With this understanding, we gave him a local application through the neck of the bladder and the penis. He was immediately relieved of the severe burning sensation, and on returning home he passed a very large amount of fluid. The day following he received another similar application, with the result of at once quieting the irritation, and again on his return home he passed a large quantity of secretion. Four applications in all were given, when the gentleman announced that he was perfectly cured.

In this connection, it may be well to state that the commonly received idea that electrization is contra-indicated in inflammations is not sustained by our experience. On the contrary, we have found that many forms of acute and subacute as well as chronic inflammations are particularly amenable to general as well as localized electrization, especially when the applications are made with a *fine descending current.*

FOOD FOR BABIES.

[From an interesting article on "Food for Babies," published in the London *Medical Times and Gazette,* we make the following extracts.—Editors.]

Of milk, we have that of the ass, goat, and cow. Asses' milk is by general consent the best substitute for the woman's for most delicate children; and, dear as it is, it is well worth the money. The goat's is a rich milk, with a strong curd, and only adapted for robust children. The milk of the cow is, of course, the staple. And whilst for general purposes it is quite right that milk should be brought from any distant part of the country, it must be confessed that a few cows should be kept in town in hot weather, that their milk may reach the baby part of the population fresh, unshaken, and just as yielded by the animal. But cows' milk is too rich in curd for the human baby, whose muscular movements are almost confined to breathing, crying, and the heart's action. So it must be thinned, and the simplest way is the common one of adding an equal part of water (the water being gradually diminished as the child grows older) and a small quantity of white sugar. It is a refinement to use the sugar of milk, instead of common cane sugar, but whether there is anything gained we never could satisfy ourselves.

The test of any kind of baby's food is found in the fact that the child thrives—that it is satisfied after its meals, not subject to fits of pain in the stomach and flatulence, nor yet to fits of colic in the bowels—and that the residuum, which is generally produced upon a napkin for inspection, does not show undigested food. All these things are self-evident. A child ought regularly to grow, to be plump, and to gain in weight every week, and if it do not, something is wrong. Secondly, the child ought to be satisfied and go to sleep after its food; but here the junior practitioner ought to be aware of one physiological fact—when a child is in pain in the abdominal organs, it often displays insatiable hunger, has a tendency to suck greedily, and this though the stomach and bowels may be loaded with undigested food. Ignorant nurses kill many a child by inattention to this point. The child cries after food; therefore they say the food is not good enough, "the milk does not satisfy," &c., and forthwith they give the child some half-solid pap, and dose the mother with over-rich food and alcohol. A purgative dose of oil is the best remedy when a baby is unreasonably hungry after food; castor oil is generally used, but any oil or soft fat will answer the purpose. The old custom of giving a bit of the fat of pig is founded on reason and experience. Lastly, the practical fact remains that no undigested food ought to be found in a baby's napkin. Any mother may be taught that lumps of curd and masses of undigested starch can give the child no nourishment, but decompose in the bowels, and cause first pain, next diarrhœa. A healthy baby's napkin should not be offensive—of course, it has a faint peculiar odor, but certainly it does not stink, and if it do, either improper food has been given, or proper food has not been digested.

In other cases, in order to diminish the proportion of curd, it is useful to give *cream* diluted with new milk and water; and, to prevent the curd of cows' milk from coalescing into hard lumps in the stomach and passing undigested, the milk may not only be diluted with water, but with effervescing soda-water (this is called artificial asses' milk) or potass-water or lime-water. Sometimes a very little of the solution of magnesia is added.

But this purpose (*i. e.*, the making the curd softer and more digestible) is generally effected by mixing it with cereal food or the starches. Theoretically speaking, we do not want the nitrogenous elements of the cereals, because the cow's milk contains enough of them. Hence, arrowroot or sago may suffice, if it be understood that the child is to live upon the milk, and that these starchy elements are superadded to modify the milk, and not to be substitutes for it. Still, general experience is in favor of some cereal. Barley-water made from pearl barley, and mixed with an equal part of milk, is an admirable food for most children. Robinson's patent barley deserves praise. Oatmeal gruel and milk agrees well with the robust. Brown and Polson's preparation of maize, and the maizena, seem favorite preparations. On the whole, however, wheat tends to displace the other cereals. The flour of wheat is often baked or boiled, and when so cooked is boiled afresh with water and milk. Or it is made into biscuits, of which Robb's, Lemann's, the Norwich knobs, "tops and bottoms," and rusks, are popular samples; or into a farinaceous food—that is, a powder composed of wheat flour or biscuit, with or without admixture of other cereals, and already acted on by heat, so as to require little or no cooking (Hard's, Neave's, &c. &c.).

This is the place to notice "Liebig's soup," a compound of milk, wheaten flour, and malt, with a small quantity of bicarbonate of potass. The object of the malt is to convert the starch of the wheat into sugar, and so to save the stomach the trouble of that process; whilst the cow's milk is enriched with the phosphates of the wheat and the added alkali. The thanks of society at large are due to Liebig, not only for the care and patience with which he has worked this idea out, and the liberality with which he published it, but likewise for the impetus which it has given to the study of the whole subject of infant food in connection with mortality.

The original recipe prescribes ½ ounce of wheaten flour, ½ ounce of ground malt, and 7¼ grains of bicarbonate of potash, to be well mixed with 1 ounce of water; then 5 ounces of cows' milk are added, the whole is heated gently till it thickens; then it is removed from the fire, stirred till the starch is converted into sugar, as indicated by the liquid becoming thin, again boiled and stirred for some minutes, and lastly strained. For use, this requires to be much diluted for young babies, less for older ones. * * * *

As for results. We believe that of any six infants one would refuse to swallow it; one would take it without benefit; but that the remaining two thirds would take it greedily and thrive on it. We have known it put a stop to so many of the miseries arising from undigested or indigestible food, that it has, we think, already earned for itself a permanent place. What form of it will ultimately be the favorite is another question.

The objections to Liebig's food in its common form are, first, the time, trouble and nicety—it cannot be prepared in less than twenty minutes, and not every nursemaid or mother has the intelligence sufficient. Secondly, there is the considerable amount of indigestible husk, often very difficult to separate by straining, and consisting of spicula that look very formidable to any tender mucous membrane. Thirdly, as a theoretical objection, we mention its too saccharine nature and the absence of fat.

The first objection has been met by Savory and Moore, who have put together and prepared the ingredients in such a way that they only need the addition of water and milk, and no straining nor boiling. Mr. Mellin's preparation, if it can be got, of course avoids all trouble of cooking; and we may say that the malt he uses is most scrupulously cleansed from husk. There is also to be procured at Mr. Van Abbott's a preparation called "Liebig's Food for Infants concentrated," the invention of Mr. Ed. Lœflund, chemist, of Stuttgart;

it is a thick syrup, containing a concentrated solution of the wheat and malt elements. It has, when mixed with milk in due proportion, a sweet, somewhat empyreumatic, bitter taste, and this is the general character of the food, however prepared; but there is a distinct acid treacly reaction in Mr. Lœflund's syrup. Mr. Mellin has made an extract in the form of granular powder, soluble in cold water, very palatable, free from acidity, and much more portable than Lœflund's syrup. Lastly, we must notice the very ingenious malt biscuits made by Spiking, of Dover Street; these contain the malt and wheaten flour in the form of a biscuit; of course they are portable, and keep any time, and require no more cooking than Robb's or any other nursery biscuit. * * * * * *

We have now, we trust, set forth a pretty general view of infants' food, and shall add but three or four practical hints:—1. The advantage of adding cream from time to time, especially if the baby is constipated. Want of fat is the cardinal defect in Liebig's soup. 2. The expediency of adding a small quantity of some aromatic water to all infants' food, such as dill, anise, &c. There is a very popular food in some counties, consisting of equal parts of barley-water and milk, with one teaspoonful of good brandy to the pint. Bad for the babies' livers, some would say; but no harm is found in practice. 3. The expediency of giving delicate children small quantities of pure gravy or beef-tea sweetened, or a few grains of raw meat ground to a pulp. If these agree, a child is almost safe. 4. No one kind of food can agree with all children. It has provoked us to see children dying on a diet which did not suit them, without an effort to shift and combine various elements till the right thing could be found. 5. The importance of teaching the poor that food for babies should be *thin*, and that a thin food may be more nutritious than a thick one.

Massachusetts General Hospital.

[Surgical Operations for the week ending November 2d. Reported by C. B. Porter, M.D., Surgeon to Out-patients.]

1. *Dislocation of the Humerus into the Axilla.* By Dr. H. J. Bigelow. Patient aged 20. Duration, three hours. Reduced by extending it vertically upwards. Dr. Bigelow called attention to an undescribed advantage in this method, the acromion serving as a fulcrum by which the head of the bone is pryed out of the axilla.

2. *Bullet removed from the Arm.* By Dr. R. M. Hodges.—Patient aged 24 years. Injury was received during a riot on the 4th of July last, the ball entering about the centre of the pectoralis major and passing outwards towards the shoulder. Unsuccessful search for it had been made previous to his entering the hospital. *Operation.*—The patient being etherized and examined, a probe, introduced at the wound of entrance, passed readily through the axilla and down the arm. An

indurated spot was found about the middle of the inside of the arm, which he had complained of as being very tender. On making an incision through the integuments and soft parts, the bullet was found deeply imbedded in the inner portion of the triceps and extracted.

3. *Perineal Section.* By Dr. R. M. Hodges. Patient, one year previous, received an injury in the perineal region, followed by extensive ecchymosis. He had no serious symptoms, however, at that time, nor until four months afterwards, when he had numerous fistulæ form in the perinæum and scrotum, from which urine escaped. The urethra, however, admitted a No. 7 catheter. No connection between the urethra and the fistulæ could be found until after etherization, when, upon laying open some of the smaller sinuses, a large communication was found, and perineal section performed. A large catheter was introduced into the bladder and left *in situ.*

4. *Amputation of Arm and Forearm.* By Dr. Geo. H. Gay.—Patient aged 23. Amputation for severe lacerated wounds. That of the arm just above the condyles of the humerus, and of the forearm just below the insertion of the biceps into the radius.

5. *Perineal Section.* By Dr. Geo. H. Gay.—Patient had had stricture for fifteen years, and five days before entrance to hospital, retention of urine. There was a large swelling in the perinæum surrounding the penis and extending up to within two inches of the glans, involving the scrotum, which was large and œdematous. Numerous unsuccessful attempts to introduce the catheter had been made before entrance to hospital. *Operation.*—The scrotum being raised and a sound introduced into the urethra as far as the stricture, an incision, three inches in length, was made from the base of the scrotum backwards upon the median line. On cutting a little deeper, a large abscess was opened, running up along side the penis the length of the finger and backward, terminating just anterior to the rectum. On cutting down upon the sound, the soft parts were found largely dissected up by the burrowing of the pus, and their normal relations entirely obliterated. The urethra was pushed to one side by the abscess and excessively lacerated by the attempts to introduce the catheter. The orifice of the urethra was with difficulty found among the numerous false passages, and only by the aid of a stream of urine forced out by pressure upon the bladder. A large catheter was introduced and left. One small vessel ligatured.

6. *Ear-ring Tumors.* By Dr. H. J. Bigelow.—Patient, a young lady, aged 16 years. Tumors of two years' growth. There were two tumors of the size of a filbert on the lobe of the left ear—the one on the anterior and the other on the posterior surface, corresponding with the ring orifices, not tender, hard, and inelastic. On the right ear there were two, in similar position, though quite small, about the size of a buck-shot. The largest one, on the anterior surface of the left lobe, was excised. Dr. Bigelow had delayed the operation in this case, knowing the great tendency of these tumors to recur rapidly after excision, and hoping that their growth would be spontaneously arrested. He now excised only one, which was rapidly encroaching upon the lobe, believing that if it were possible to defer further operation until the patient was considerably older, the tendency to recur would be

much less. He pointed out the analogy between this fibroid structure and that occurring in the keloid-like tumors of cicatrices in young people, which return when excised, but subside spontaneously when left to themselves.

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DEGREE OF CERTAINTY OF MEDICINE IN THE NINETEETH CENTURY.

M. Dubois, of Amiens, is contributing to the *Union Médicale* a series of articles on the "Degree of Certainty of Medicine in the 19th Century." We translate a portion of his introduction.

After stating that the system of Broussais rested upon a gratuitous hypothesis—that of *irritation*—M. Dubois proceeds as follows:—It is well known how Broussais defined his principle of irritation; how he gave its seat almost always in the gastro-intestinal apparatus. The other points of irritation being only secondary, he connected them with the initial principle, and thus chained and grouped together facts the most diverse--such as inflammations of the encephalon, hæmorrhages, alterations of the bile, dropsies, essential fevers so called, neuroses—all diseases, in fine, which, according to him, had for their point of departure gastro-enteritis, and which were connected with it—by what bonds of system, Heaven knows.

So much for the *science*. As regards the *art*, Broussais believed himself to have no less fulfilled the requirements of Cabanis, whose dictum was that the art of healing should, after all, rest upon a deduction from scientific data. Cabanis thought that therapeutic prescriptions ought to be founded upon general rules as simple as the principles of science; to that point, said he, that it would be no longer necessary that talent should incessantly put itself in the place of the art. The art, indeed, should always have the direction of talent, develop it, sometimes even stand in its stead. In this manner, persons of moderate ability would do with facility what eminent minds find it difficult to do, since the practice of medicine divested of the aid of all outside talent would be reduced to simple, distinct, and methodical indications.

Here Broussais triumphed. What more simple, indeed, and more methodical than indications founded upon the assumption that everything in pathology is derived from one point of irritation; that all morbid manifestations are but diverse forms of it, presenting no other differences than those dependent on functional disturbances, and the localization of the lesion? Thus thought Broussais; and his ardent followers believed him upon his *ipse dixit*. Read the "Treatises on Pathology" written in his time, and under his influence, and it will be seen that therapeutics had become the easiest thing in the world to understand and practise; that, since all diseases were regarded as derived from one principle of irritation, the same formula incessantly came up—i. e., general or local bloodletting. It is with difficulty and by tasking the recollection, that a few disorders called asthenic can be cited, which claimed an opposite treatment. The wish of Cabanis seemed, then, to be in all respects realized. It was no longer necessary to have great talent, nor even to have talent, in order to practise medicine; the art thus understood and reduced to rule was in a position to take the place of it. But, these reminiscences belong to time long past. This doctrine, to which the author gave the name of *physiological*, instead of procuring for medicine an advanced degree of certainty, accomplished, as science, only the substitution of new hypotheses in place of those which were then in vogue; and, as art, it brought about the most unfortunate results. Its popularity, however, lasted but for a moment, since it was at bottom only an affair of opposition. Free instruction was made, as it were, a banner under which to attack official instruction. * * * But when himself clothed in the professorial toga, Broussais in his turn took the chair he had so long menaced, he found around him only solitude and silence.

We may assume, that since that epoch no serious attempt has been made with a view to system-making in medicine. Writers have not gone beyond the classification of facts. But, as we shall presently see, those facts have been better appreciated and better described than formerly, a basis being thus obtained for subsequent labors. We will add that remarkable progress has been made in the art of investigating pathological phenomena—that is to say, in *diagnosis* which appertains both to the science and the art. Whether one aspires to dogmatism, or relies on empiricism, it is in all cases requisite that the diagnosis should come in, and tell us with what disease we are dealing. Another step in advance has been accomplished, and one to which we shall often have occasion to revert. It is a negative improvement, if you will, but is preparatory to others which are positive. We have disencumbered the science of all the theories which have too long been its *impediments*. We confine ourselves to gaining a knowledge of material phenomena—that is to say, of organic lesions—and the interpretation of the symptoms which result from them; and that, too, without attempting to penetrate their nature or essence. We have learned that there are spheres into which we cannot enter. The science, thus understood, does not exclude the art, but reforms it. Therapeutics is not inspired by conjectures and reasonings on the essential nature of diseases, but by experience. It knows that this or that remedy has been found good in such or such cases, and it stops there.

We have, then, as I have said, limited ourselves to classifications and a few partial theories. There are some, it is true, who amuse themselves with inventing nomenclatures, but who, as may be well supposed, have not in so doing served the cause of science. Classifications, however, without being the last word in science, are, at least, on the road towards systematization, and, at all events, cannot be dispensed with. We ourselves, in the rapid inventory we are about to make of the present state of our knowledge, from the standpoint of its exactness, shall pass successively from one point of morbid action to another.

It is needless to say that our estimate of the comparative certainty of medicine does not bear upon the science of diseases, but upon the art of curing them. I have already made the remark that the sciences, in themselves, are more or less *advanced*; but that they are none the less *exact*, however narrow their domain. Without going beyond medical science, let us take anatomy, physiology, pathology; there we have ideas which cannot be called in question; some resulting from the condition of organs healthy or diseased, others from the observation of phenomena or symptoms; ideas which are more or less numerous and more or less complete, but all positive and incontestable. As regards the art, it is quite different. Here there are no organs to describe, or functions to discover; but, inductions to form, estimates to establish, judgments to pass. Thence proceeding to conjectures more or less probable, and consequently to the appreciation of varying degrees of certainty, we perceive that progress in science does not always imply correlative progress in the art of curing. Thus, a disease which had remained completely inexplicable in its causes and effects, has, thanks to new and fortunate investigations, had its history cleared up, while its symptoms have been explained by the anatomical lesions. Shall we infer that the art of curing it has advanced *pari passu*, and has attained the highest degree of certainty? Alas! the reverse is sometimes true. The certainty which was thought to have been reached has vanished, new light thrown upon the nature of the disease having shown that it is beyond the resources of art. * * * *

After this sketch of what has been called *rational empiricism*, M. Dubois goes on to say that in subsequent articles he shall take up the principal classes of diseases, and after having indicated briefly the state of science as relates to each of them, he shall speak of the improvements which have been made in the art of treating them.

Rupture of the Uterus.—We translate and condense the following item from the *Feuilleton* contributed by Dr. Chereau to the *Union Médicale*:—

The case, perhaps unique in the annals of science, occurred in the practice of Dr. Trossat, a country physician of great energy and ability in the Department of *Sâone-et-Loire*, France.

In 1862, a woman, aged 32, mother of six children, was taken with her seventh labor. For a time all went well; the bag of waters was properly formed; the cervix uteri was dilated normally, but bye and bye the funis presented, and when the membranes gave way, it emerged from the vulva. Dr. Trossat, "after having tried in vain to push back this unlucky funis, wisely avoided untimely manœuvres, and advised waiting." The bearing-down pains "continued with excessive violence for an hour and a half," at the end of which space of time, the patient felt, as it were, a "cracking" in the abdomen, fainted, became terribly pale, and was pulseless. The abdomen was found, as it were, bi-lobed, presenting, midway, a very marked depression. The doctor, passing up his right hand into the abdominal cavity, reached the left foot, which he drew down, and held in place by a string. Traction upon this string effected nothing. The uterus was largely ruptured on the left side of its fundus. The fœtus having escaped almost entirely into the peritoneal cavity, was situated, so to speak, astride of one of the borders of the laceration. The other foot was now grasped by the hand, passed through the rupture, the two lower extremities were drawn down together, a finger was hooked into the mouth, and the child extracted. Delivery was completed with the greatest facility. But the difficulties of the case did not end here. "A flood of intestines" descended through the lacerated womb, emerged from the vulva, and lay between the thighs of the patient. Four times the bowels were replaced in the abdomen, and four times they issued forth again. Finally, the woman was placed in an inclined position, with the head down and the pelvis elevated. After this manœuvre, the intestine remained in place. It is not mentioned that the child was dead, but, we presume, *ça va sans dire.*

As might be expected, there set in a frightful peritonitis, which lasted more than five weeks. The patient, notwithstanding, recovered completely. At the end of sixteen or eighteen months the menses returned; and four years after, in a natural labor, the woman was delivered of a child, which she nursed.

Massachusetts Medical College.—The introductory address by Dr. O. W. Holmes, at the Medical College, yesterday, was listened to by as large an audience as could be crowded into the lecture room. Among the invited guests were distinguished men of various professions.

The discourse was replete with wisdom and learning; with literary and scientific reference, and illumined with bursts of wit so unexpected and sudden as to electrify.

The main topic of the discourse was Medical Teaching—as it was, as it is, and as it should be. Medical teaching *as it was*, Dr. H. illustrated by a fanciful description of Dr. Giles Furmin (of the time of the Apostle Eliot), followed by his pupil "Luke" on his rounds in the town of Ipswich. The colloquies, given in the quaint language of "ye olden time," were equal to any of the old style dialogues of Thackeray,

Medical teaching *as it should be*, was illustrated by a most feeling sketch of the revered James Jackson.

The "one-man system of teaching" of former days had such marked advantages in some respects over the method of medical instruction *as it is*, that Dr. Holmes felt called upon to say something in defence of the present way of doing things.

Lectures he approved of as adjuncts to bedside teaching, but he would rather shorten than lengthen their present terms. You must learn much that is not directly useful in medicine in order to get hold of and retain what is directly useful. Thus facts must be collected in groups—arranged in systems, and then they have become science. Function is best studied in connection with structure; pathology side by side with physiology, &c. But lecturer and student should avoid giving to the investigation of merely curious phenomena, time which belongs to points bearing on his future fitness to be a healer of the sick.

He would have the student's attention called to such questions as these:—Why is consumption constantly carrying off such crowds of victims, and what is to be done about it? Why did 1700 babies die in Boston last summer? Why has the vitalizing force in females deteriorated in this region? And, why should a woman with vital force equivalent to "one-baby power" be expected to do as much child-bearing as a woman "of twenty-baby power"?

Homœopathy came up in the course of remark, and got *encysted*, in which condition, said the Doctor, it is carried easily on the body medical, like an old wen.

In the concluding passages, which were a sketch of Dr. James Jackson as the model physician, Dr. Holmes declared that though he had followed many noted foreign practitioners, British and French, he could not recall one who at the bedside was quite the equal of Dr. Jackson.

Prof. Simpson on Public Hygiene.—We quote from a letter by "Carleton," the distinguished correspondent of the Boston *Morning Journal*, a description of

Prof. Simpson, of Edinburgh, and of a popular lecture lately delivered by him in Belfast, Ireland.

Among the distinguished men present at the Social Science Congress is Sir James Y. Simpson of Edinburgh, the discoverer of chloroform, or rather the first who used it to produce insensibility to pain. He is President of the Department of Health; a short, chubby man, broad shoulders, long hair, turned to iron gray with advancing years; a mild blue eye, and a face full of smiles. The very sight of him must be sufficient to drive away the "blues." A physician with such a countenance, so warm, sunny, so full of good humor, cannot need much medicine for his patients. His countenance is a cordial in itself. He gave a "a talk"—not an address—but familiar remarks to an immense audience day before yesterday. Every inch of standing room in a large church was occupied. His subject was health and how to promote it. He had plain words for mothers who send their children to the grave by exposing arms and legs, while other parts of the body are warmly dressed. Mothers commit child murder, and then wonder how God could be so unkind as to take away their darlings. They not only murder their children, but commit suicide themselves by exposing their own necks to the cold air. It was a puzzle which he could not understand that women should cut off the top of their dresses and appear with bare bosoms in refined society, with that part of the dress which should protect the heart and lungs and vital organs trailing in the mud!

The excellent doctor let his arrows fly right and left. Alluding to the discovery of vaccination by Jenner and the incalculable advantage to the human race which had resulted from that discovery, he said that had Jenner been a general and had slaughtered one hundred thousand men, he would have been made a duke, but as it was he was only remembered as Dr. Jenner!

His remarks on the management of hospitals and nursing were plain, practical and full of common sense. He advocates the breaking up of all large hospitals and the building of cottages in the country; light, fresh air, perfect drainage, sunshine, good nursing, are his main remedies. In large hospitals the multiplication of disease tended to promote disease. Ten fever patients contaminated the air ten times more than one. It had fallen under his observation that the introduction of a patient afflicted with cancer had aggravated the disease of nearly all the patients in the hospital. Public bathing houses, public retiring rooms, in all large towns—better sewerage, and the utilization of sewarage, were questions which the public must grapple with. France is far ahead of England and America in establishing public bath houses and public closets. Boston has already set up its bathing rooms for the people. Why cannot the Government lead off in another matter equally conducive to the public health? There is no city in the United States that has so large a suburban population. Thousands visit the city every day—ladies and gentlemen—for business or pleasure, who return to their homes at night weary and worn, suffering pain and exhaustion, because there are no convenient retiring rooms. Hotel proprietors do not care to have their halls public thoroughfares, and the public have no right to use them as such. In Paris private individuals have established closets for the public, for the use of which a small fee is charged. But to promote public health the city should take charge of the matter, and keep such rooms in order at the public expesne. These suggestions of one of the ablest medical men living were received with loud applause, and they are worthy of the careful consideration of every Mayor, Alderman and Common Councilman in the United States who has to do with the public health.

Extract from a Paper on the Treatment of Incised Wounds, &c. By JAMES SYME, F.R.S.E., &c. &c.—In cases of bruise, fracture, dislocation, and even operations of tenotomy, large quantities of blood are frequently effused more or less deeply under the integuments without causing any bad effect, and quickly disappear by means of absorption. How, then, does it happen that blood collected in the cavity of a wound should be productive of so much mischief? It can only do so, as Mr. Lister has shown, through the decomposing influence of atmospheric air, loaded with its myriads of organic atoms, and, therefore, if protected from this agency, would be no more hurtful than in the circumstances just mentioned. He has accordingly found, as stated in the preceding numbers of this journal, that wounds of the most formidable character may be divested of all their alarming features by means of carbolic acid, applied so as to prevent the impure air from entering.

This remarkable fact has led me to consider the expediency of resorting more frequently than heretofore to the use of "torsion" for the suppression of hæmorrhage. Ever since this measure was proposed by the late M. Amussat I have employed it in wounds of the cheek and lips, and also occasionally in more serious operations, to let my pupils see that is was quite effectual, but have been prevented from adopting it for general use, by fearing that the absence of ligatures, which serve as conductors of the discharge, would increase the risk of blood or serum being pent up in the cavity. Feeling now happily relieved from any apprehension of evil being thus produced, I think "torsion" may in many, if not in all cases, be employed with advantage, instead of the ligature. In order to perform the process effectually, it is necessary that the artery should be seized by catch-forceps, and twisted until they become loose. It has been alleged that such a liberty with the vessel must cause it to slough, and thus disturb the adhesive action. But as this objection is altogether theoretical and contradicted by experience, it is unworthy of notice. Dr. Syme concludes:—

1st. That torsion effectually restrains the hæmorrhage of ordinary-sized arteries.
2d. That its action upon them does not prevent union by the first intention.
3d. That protection from the air prevents decomposition of the blood.

London Lancet.

WE would call attention to the notice, in our advertising columns, of a medical prize which is offered for the competition of the profession.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 2d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	44	42	86
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.4	37.8	75.2
Average corrected to increased population - - - - -	00	00	83.00
Deaths of persons above 90 - - - - - - - -	1	1	2

NOTICE.—The individual who took from the office of this Journal Dalton's Physiology before the Editors had an opportunity of examining it, is requested to return it at his earliest convenience.

COMMUNICATIONS RECEIVED.—On some Improvements in the Treatment of Obstinate Organic Stricture of the Urethra and Urinary Fistulæ.—Recorded Cases of Vaccination.—Acute Inflammation of Psoas Magnus Muscle.—The Charities of France.—Proceedings at the Fifty-third Annual Session of the Vermont Medical Society.—Remarks on Successful Vaccination.—A Case of Retention of Urine from a Calculus impacted at the Meatus.

List of Books and Pamphlets, next week.

MARRIED,—In this city, 29th ult., Frank S. Abbott, M.D., of Norwich, Conn., to Miss Ellen L. Fairbanks, of Boston.—At Cambridge, 30th ult., George E. Woodbury, M.D., of Methuen, to Miss Harriette E. Reed, of C.—At Concord, N. H., Gilman Colby, M.D., to Mrs. M. A. Keyes, both of Holderness, N.H.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 2d, 86. Males, 44—Females, 42. Accident, 1—apoplexy, 2—disease of the bowels, 3—congestion of the brain, 1—disease of the brain, 5—bronchitis, 1—cancer, 3—cholera infantum, 2—consumption, 14—convulsions, 2—croup, 2—cyanosis, 1—diarrhœa, 1—dropsy, 4—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 6—typhoid fever, 3—disease of the heart, 3—infantile, 3—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 1—old age, 2—paralysis, 1—peritonitis, 2—premature birth, 1—puerperal disease, 1—disease of the stomach, 1—syphilis, 1—stricture, 1—ulcers, 1—unknown, 6.

Under 5 years of age, 27—between 5 and 20 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 21—above 60 years, 10. Born in the United States, 60—Ireland, 20—other places, 6.

THE

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RECORDED CASES OF VACCINATION.

By Charles E. Buckingham, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The little breeze about vaccination, which was excited a few weeks since by Dr. Cotting's article in the Journal, might be made of service to the profession, if gentlemen who keep records of their cases would publish their experience. I shall venture to offer mine, being an account of all my vaccinations since Dec. 30th, 1851, regretting that for the previous seven years there is only an imperfect record.

For a plan of record, I use the following table:—

No.	Age.	Name.	Parent.	Residence.	Date.	Number of times.	Prev. result.	Virus from	Result.	
27.	6 yrs.	John A.	John Jones.	500 Congress St.	Aug. 1st, '67.	3d.	Fail.	No. 26.	Failure.	See
28.	3 w.	Alice.	" "	" "	" "	1st.		" "	Success.	Notes.

If anything peculiar occurs, the general note-book gives the history of the case, and an indication to that effect is in the last column.

Since Dec. 30th, 1851, I have vaccinated 1082 times.

Of these there were

Successful primary vaccinations,	736	
Successfully vaccinated twice (2ce) successively,		50
" " three (3) times "		3
" " once (1ce), with failure the second (2d) and unheard of the third (3d) time,		5
Successfully vaccinated once (1ce), with failure the second (2d) and success the third (3d) time,		3
Successfully vaccinated three (3) times and a fourth (4th) time unheard from,		2
Successfully vaccinated three (3) times, with failure the fourth (4th),		1
" " once, and the second (2d) time unheard from,		53
" " once, and the second (2d) time failed,		218
Of which failed a third (3d) time,		21
" " twice (2ce), with failure afterwards,		11
Primary vaccinations, with the result unknown,		24

Unsuccessful primary vaccinations, unheard from afterwards,	14
Unsuccessfully vaccinated twice (2ce), unheard from afterwards,	14
Unsuccessfully vaccinated twice (2ce) and a third (3d) time not heard from,	3
Unsuccessfully vaccinated three (3) times; after history unknown,	4
" " five (5) " " "	4
" " six (6) " " "	2
" " seven (7) " " "	1
" " once, successfully the second (2d) time,	73
" " twice, successfully the third (3d) time,	22
" " three (3) times, successfully the fourth (4th),	6
" " four (4) times, successfully the fifth (5th),	3
" " six (6) times, successfully the seventh (7th),	1
" " ten (10) times, successfully the eleventh (11th)	1
" " eleven (11) times, successfully the twelfth (12th)	1
" " thirteen (13) times, successfully the fourteenth (14th),	1

The latter patient was twice (2ce) more vaccinated without success.

Unsuccessfully vaccinated eight (8) times; after history not known,	2
" " ten (10) " " " "	1
" " eleven (11) " " " "	1
" " fourteen (14) " and a fifteenth (15th) not heard from,	1
" " sixteen (16) times; after history not known,	1
" " twenty (20) " " " "	1
" " " "	2

These latter two (2) were mother and child, and the times of vaccination spread over years. Being connected with my own family, I have frequent opportunities of knowing with regard to them. How nearly they have been exposed to variola, of course, is unknown.

Patients said to have been successfully vaccinated, but bearing no mark,	23
Of these there were said to have been twice (2ce) successfully vaccinated,	2
Re-vaccination failed in,	15
" succeeded in,	2
A third (3d) re-vaccination failed in,	2
Re-vaccinated and not heard from,	5

Until my attention was of late called to these records, I had forgotten many interesting points.

Case 146.—H. T. was successfully vaccinated in childhood. Dec. 29th, 1854, was unsuccessfully re-vaccinated with virus six (6) days old, which operated successfully on another patient four (4) days later. Had moderately severe premonitory symptoms, and broke out with varioloid Jan. 13th, 1855. There were not over half a dozen papules, which aborted.

Case 156.—Miss W. said she had been twice (2ce) unsuccessfully vaccinated. Re-vaccinated February 10th, 1855, with virus furnished by Dr. H. G. Clark. It resulted in severe local inflammation, but without success. On subsequent examination of her arm, there were found marks of what I believed to be a previous successful vaccination. Nine (9) days later, her mother broke out with varioloid. On the same day, her father and sister were taken ill, and her brother on the following day, with what proved to be well-marked varioloid. She escaped.

Case 196.—Miss L. was vaccinated for the fourth (4th) time, Nov. 13th, 1855. The three (3) previous vaccinations were unsuccessfully performed. At the time of the operation there was reason to think that her child (five years old), who was successfully vaccinated in infancy by Dr. W. H. Thayer, had just been suffering from a mild attack of varioloid. There had certainly been several cases of varioloid in the house.

On the night of the 14th–15th, she began to have pain in the head and back. The night of the 16th–17th was passed without sleep.

Nov. 17th.—The points of vaccination are quite red, and feel like small tubercles under the cuticle.

19th.—The face is covered with distinct papules, but generally quite close to each other, as if to become confluent. In many spots vesicular. The vaccination has taken, and one of the points has a white patch in the centre.

20th.—Vesicles on the face do not progress rapidly, but the points on the arms have all become vesicular.

21st.—Face vesicles nearly full, and a few of them are beginning to dry. Vaccine vesicles quite full.

22d.—The vaccine and varioloid eruption are too much alike to be distinguished, and contain pus. Last night she was delirious. The face, arms, forearms, hands and legs are very fully broken out; the body very slightly. Up to the night of Nov. 26th–27th, delirious. After that, recovery rapid.

Case 197.—M. J., infant child of L. C., residing in same house with 196, was vaccinated the first time in two points by Dr. Coit on the 11th of November. On account of the sickness in the house, I re-vaccinated her in two other points on the 16th. One of the two points of the 11th had begun to show at the time. All four points took. She had varioloid notwithstanding.

Case 275 has a bearing upon another point than vaccinia, and is worthy of attention. Nov. 3d, 1857, I vaccinated the apparently perfectly healthy child of J. P. The operation was successful, and on the 10th of November I charged quills with the lymph and with it vaccinated No. 278, an infant, and 279, a boy of 14 years. These were both primary operations. With virus from 278, 280 was vaccinated. Several days later, I was called to see 275, and found it with eruption like syphilis upon the legs. This was afterwards seen by Dr. Durkee, who agreed with me in my suspicions.

Dec. 4th.—The hands, feet, legs, nates and hips are covered with scales. Coryza severe. The father acknowledges syphilis, three years ago, before marriage. Was under treatment, and supposed himself well. Has nodes on his shins. Wife miscarried in her first pregnancy, a few months after marriage. The original case 275 is still living, but lost a portion of his nasal bones and a part of the palate from syphilitic disease. No. 278 never during five years showed any indications of disease, and since then nothing is known of her. No. 279 I know nothing of, except that the vaccination was a success. No. 280 I often see. His vaccination succeeded, and he is now to all appearances a perfectly well boy of 13 years.

Case 342, a case of re-vaccination, is worth calling attention to, as an illustration of how easily injustice may often have been done to physicians, who have only done their duty, the trouble being in the patient. No. 338 was her child, from whose arm I took lymph, with which another child was successfully vaccinated, and without any ill effect. As I was about leaving the house, she asked me to re-vaccinate herself. She was vaccinated in two (2) points in the left arm, the result of which was severe phlegmonous disease of long continuance, extending throughout that extremity. At my visit, a few days afterwards, she informed me that, "if I had not seen the virus taken from my own child and put in my arm, I should have *known*, Doctor, that you used bad matter."

Case 393, a boy some 10 years old, was successfully vaccinated in infancy. Since then, had varioloid. On the 22d of September, 1859, he was again successfully vaccinated with a portion of scab, six weeks old, taken from a vesicle which had been punctured for the purpose of procuring lymph.

Case 399, infant, was vaccinated Nov. 8th, 1859, in two points on the right arm, and in two points on the right leg. The father had broken out with varioloid on the 6th of November. Nov. 10th, a fifth point was introduced into the left arm. The five points were successful; the child, who was constantly exposed, escaped varioloid, and with lymph from its arm five others were successfully vaccinated.

Case 427 was one of third vaccination, the others having failed. There were three points in the right leg, which took well, but was followed by very severe erysipelatous inflammation.

Case 505 was a lady, who was unsuccessfully vaccinated on the 4th of January, 1860, for the eighth (8th) time. She described the symptoms of severe vaccine disease in the hands, when a child, and after milking a cow.

Case 543 was of a lady, whose husband broke out with varioloid Jan. 12th, 1860. She knew that she had been before vaccinated, but no indications of it could be discovered. She was re-vaccinated on the 12th, but without success. She did not take varioloid.

Case 734.—Child of H. L. D., 6 months old. First vaccination Oct. 25th, 1861. No sign of vaccination at the end of *six days*. There appeared on the *eighth day*, by its mother's account, a small acuminated pustule. It was in the place of one of the vaccination points. It scabbed over, and I saw it a few days before the second vaccination, which was on the 21st of November following. It looked like a vaccine scab, and came off on the 19th of November. The re-vaccination failed, and it was repeated on the 7th of March, 1862, on the 2d of May, 1864, and on the 6th of March, 1867. It was never successful, so far as I know, though the arm has been made sore by vaccination, and there is nothing but a faint white speck to be seen.

Case 761.—A boy of W. G., five weeks old, was vaccinated in two points on the left arm, on the 12th of March, 1862. The virus used had been two days on the quill, and produced the usual normal vesicle, at the normal time, in two other children. March 19th, no sign of the vaccine disease was to be seen, and he was re-vaccinated in two points upon the left leg. These two latter points became vesicular on the fifth day, and one of the points upon the arm, nearest the shoulder, began upon that day to be vesicular. The three points progressed together.

Case 838.—E. R., three months old, was vaccinated with virus said to be one remove from the cow, on Sept. 29th, 1863. Two points were introduced into the left arm, with failure for the result. She was re-vaccinated Oct. 5th, in the same arm, with the same result. Oct. 12th, she was again re-vaccinated in two points upon the left leg. Both these took. A third vesicle sprung up near them, at a point where no puncture was made, which went through the regular course of vaccinia, from which lymph was taken and five others were successfully inoculated with it.

An older child of the same parents I vaccinated unsuccessfully eleven (11) times.

Case 883.—C. C., 2 months old, vaccinated April 22d, 1864, with lymph which operated well in four other cases. There were two points of vaccination in the left arm. On the 29th, there was no sign of vaccine disease, and two other points were introduced into the same arm. These two failed, but one of the first points in the meantime came forward and went through the regular course.

Case 983.—Dec. 31st, 1865, I vaccinated I. E. H., six weeks old, in two points upon the left arm, and in two upon the left leg. The mother broke out with varioloid the day before. The child was nursing her. One of the points upon the arm and one upon the leg did well. She had no signs of varioloid. On the 7th day of January, 1866, a week later, I re-vaccinated her father and five brothers and sisters with lymph from her arm. In no case was a vaccine vesicle produced, but every one of them had inflamed arms.

Case 1029.—A. C. did not know that she had ever been vaccinated, and neither speck nor point indicated that she had. Adult. March 5th, 1867, I rubbed lymph one day old into scarifications in her left arm. The arm became much inflamed, but there was no vesicle.

Case 1056.—Wm. G. had been twice unsuccessfully vaccinated. May 30th, 1867, his son being sick in the house with the varioloid at the time, he was again re-vaccinated. His exposure was constant, but the result was failure.

The following cases of modified varioloid disease I find among my earlier records:—

A.—Monday, Jan. 8th, 1846, vaccinated two children of H. G. C., in consequence of feared exposure to variola, with lymph taken on the eighth day from a perfectly well child. Four days later, my attention was called to an eruption on the face, neck, body, arms and legs of the elder, three and a quarter years old, supposed by the parent to be variola, but which resembled varicella in all its stages except the scab. It appeared about twenty-four hours before. At both points of insertion of the lymph, a slight papule was to be felt under the skin, nothing being visible but the lancet puncture. The child has been unwell for several days, languid, with anorexia and pain in head. On the *sixth day,* the eruption is increasing and in places scabbing; vaccine *papules* enlarging. On the *seventh day,* varicella more scabbed; vaccine *papules* still increasing slowly. *Eighth day,* varicella stationary; vaccinia enlarging, but containing no liquid lymph. *Ninth day,* varicella disappearing; vaccinia becoming vesicular. *Tenth day,* the vaccine vesicles all full, and the progress of the disease was afterwards normal.

B.—On the 17th of the same month, Dr. J. M. Phipps vaccinated M., 4 months old. Parents did not know of any exposure to variola. On the *fifth day,* papules, apparently variolous, appeared on the head, and gradually spread downwards, covering the body and legs.

I saw the child first, on the *eighth day.* The vaccine vesicles were perfect and full of lymph. The varioloid papules seemed to be going through the regular course. *Ninth day,* one of the vaccine vesicles has retracted, and become even with the surrounding skin. The other has been injured, and has a scab upon it. The head, neck, arms and legs are covered with regular distinct variolous disease. *Tenth day,* some of the pustules are becoming absorbed, some of them are scabbing, and the vaccinia is the same. The patient recovered.

C.—On the 10th of April saw R., a girl of ten years, for Dr. W. H. Thayer. Face covered with variola papules. On the following day her face was a complete mass of eruption, which eventually became confluent. This day vaccinated her sister, eleven months old, in two spots. The arm was examined daily. Regular vaccinia eruption appeared, and on the *eighth day* was vesicular, and filled with lymph. On the *thirteenth day,* it was said that this child had been restless and unwell for two or three days. Face spotted with a dozen or more little papules, hard and shot-like to the touch; arms, legs and body slightly sprinkled with the same. On the *sixteenth day,* these papules are becoming absorbed, and those on the face have almost entirely gone. The vaccine scabs are still adherent.

D.—A child of E., four years old, was exposed to varioloid in person of the father. April 14th, vaccinated by Dr. G. N. Thompson, on the left arm, in three points. On the *sixth day,* the vaccine vesicles were full of lymph. At this time, the child was exceedingly fretful and feverish. On the *seventh day* at night, and more especially on the *eighth day*, a papular eruption was observed upon the body, red, rough and shot-like. *Ninth day*, papules not multiplied, but increased in size, with distinct, red areolæ. *Tenth day*, eruption increased in redness and prominence, each papule having become a distinct vesicle. Some increase of eruption on face. The vaccinia has gone on regularly. *Eleventh day*, the child is quite lively. No great constitutional disturbance; vaccine pustules drying, dark colored, with corrugated edges. From this date, terminating in recovery, the disease went on as a common case of varioloid.

E. ——— was vaccinated at the old House of Industry, at South Boston, on Jan. 20th, 1850, and broke out the same day with varioloid, she having been before vaccinated and bearing the mark on her left arm. This vaccination was upon the right arm, and virus was introduced at three points. About fifty varioloid pustules made their appearance and went through their regular course. The vaccine disease also passed its several stages regularly and in about the regular time.

F.—This child was a patient of Dr. M. S. Perry. It was vaccinated immediately after birth, in consequence of variola in the mother. On the eighth day, lymph was taken from a perfect vesicle on its arm, and used successfully upon several other individuals. Several days after the disease had entirely disappeared from the child's arm, in regular course, it was severely attacked with varioloid, from which it recovered.

VACCINATION AND RE-VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

WITHOUT attempting to enter into the interesting discussion your readers have enjoyed from the pens of Drs. Cotting, Seaverns and others, we desire to call attention to a few remarks on what is necessary to be observed in order to secure successful vaccination. No one is really qualified, whatever may have been his experience, to speak of the effective character of a vaccination who has not at suitable periods noted the progress of the vaccine vesicle. This, in our opinion, is to be laid down as an axiom, never to be forgotten, and as truly self-evident as the fact that the genuine disease can only be produced by *pure lymph* from a *regular source.* An experienced eye is able to detect any deviation from the *true* vesicle, while cicatrices may, and often do, deceive.

After regular vaccination, it is true the cicatrix assumes an uniformity of aspect, upon which we may rely with *almost* absolute certainty. This is the only criterion, if we exclude re-vaccination, but it should never be absolutely trusted. And we will repeat, that nothing but a watchful inspection of the progress of the vesicle will justify confidence in security.

As we cannot in all cases make correct observation on the progress of the vesicle, it is *incumbent* on the medical man to secure reliable lymph. According to Jenner, the time for *taking* the lymph is between the fifth and eighth days, and before the formation of the areola. We believe this to be *the only sure method;* yet it is true that the affection may be propagated by virus found in the scab, but this succeeds only when *active* lymph is preserved in a dried state, within the scales of the crust.

The unfortunate results which have sometimes followed vaccination and re-vaccination may be traced to lymph taken from a vesicle which has deviated from the perfect standard; from persons laboring under some cutaneous or constitutional disease; or because the rules laid down by the immortal Jenner have not been punctually observed. Therefore, when the full and regular development of the vesicle is in the slightest degree disturbed, the vaccination ought to be distrusted.

Many years have passed away since the rules laid down by Jenner were impressed upon the mind of the profession; and we have little doubt that a large per cent. of evil results occurring from vaccination and re-vaccination are so many proofs that they are not sufficiently considered, and we regard it a duty of journalists to recall them. When his admonitions are heeded and his instructions are observed, then, and not till then, will evil effects be avoided and public confidence in the practice of vaccination be fully established.

Lawrence, Mass., Oct. 25, 1867. G. W. G.

A CASE OF RETENTION OF URINE FROM A CALCULUS IMPACTED AT THE MEATUS.

[Communicated for the Boston Medical and Surgical Journal.]

J. M., 4 years old, a strong, healthy boy, was brought to me at the Boston Dispensary, on the 19th of July last. His mother stated that he had passed no water for twenty-four hours. On examination, the prepuce and penis were seen to be much swollen and very œdematous. The bladder was much distended with urine. There was phymosis, and so much œdema that it was difficult to find the orifice of the prepuce. The boy was very anxious, in great pain and distress, with a hot skin and a quick pulse. With the assistance of Dr. Hall Curtis the child was etherized, the prepuce slit up, and a calculus about a line and a half in diameter, of an angular shape, with facets, was found to be completely blocking up the meatus and to have been tightly imprisoned by the swollen prepuce. The urine began to dribble away as soon as the obstruction was removed, but a catheter was passed to accelerate its flow; about thirty-six ounces were drawn off, with entire relief to the patient. An analysis of the stone shows it to be composed of urates and of oxalate of lime.

Boston, Oct. 21, 1867. JOHN HOMANS, JR.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 195.]

IF a topical remedy of a soothing character is required at any stage of the treatment, the following will be beneficial:—℞. Liquoris plumbi, ʒ i.; olei camphorati, aquæ calcis, āā ℥ ij. M. Signa. Liniment. Or the almond emulsion, with prussic acid, the formula for which has already been given, may be employed. For the removal of incrustations, which are sometimes very thick and troublesome, particularly in the adult subject, and also with a view to diminish any profound infiltration, the alkaline lotions, warm emollient fomentatations, and poultices will be required.

If the eruption is on the face, the beard and whiskers should be kept short with scissors. The treatment now set forth is all that is required in the cure of the disease under consideration, whatever portion of the cutaneous membrane may be affected.

An attack of impetigo does not possess the clinical advantage of destroying in the economy the liability to a second invasion, as is the case with the eruptive fevers which have their origin in specific poisons; but on the contrary, we are obliged to acknowledge that an individual who has once suffered from it, or from eczema, is a prominent candidate for subsequent manifestations of the same complaint.

Scabies.

This eruption is endowed with an ubiquity unsurpassed by any other cutaneous disease. It prevails in all climates, at all seasons, among all ages and descriptions of men, women and children—thus showing that it is no respecter of persons. It has its origin in an animal parasite which has received the names of acarus scabiei, sarcoptes hominis, &c. &c. It is found more frequently among the poor than the rich, on account of the crowding together of the former, and their greater liability to contract those diseases which are propagated by contact. Neglect of personal cleanliness is only indirectly instrumental in the production of scabies. It furnishes a foothold for the disease, while the rapidity and extent of the invasion are in proportion to the unguarded state of those parts of the integument which are first attacked. The use of the stronger alkaline soaps by the poorer classes is one of their greatest safeguards against the complaint; not alone because it insures a clean skin, but because it destroys at the same time the living cause of the malady. More will be said on this subject in the treatment.

This affection has been familiarly named *the itch*, from its most characteristic symptom. In no other cutaneous disease is the pruritus so intense as it is at times in this. The intolerable itching and the mechanical irritation of scratching, by which the patient seeks to afford relief to the perverted sensibility of the skin, are the causes of many of the subsequent lesions of this organ. The condition of the system and the duration of the disease are potent agents in the character and extent of the eruption. Its chronicity is often due not only to the neglect of proper measures for destroying the animal parasite which is its cause, but also, it is probable, to the deteriorated condition of the tegumentary and general system in consequence of the excessive nervous irritation. If we omit, for the present, the characteristic lesions which are produced by the burrowing of the parasites, the earliest appreciable change in the condition of the skin is the pruritus. This is at first of a purely local character. As the disease becomes more extensive, the pruritus is not limited to 'those parts of the integument which present the traces of the acari, but is of a general character. It is possible that a portion of this excessive nervous irritation is subjective. The pediculus corporis frequently occasions a similar excitable condition of the different portions of the entire surface of the body, although a few only may be present, and these at places remote from the seat of pruritus.

Much has been said about the regions of the body upon which the acarus of scabies is most commonly found. This would be of little importance did it not sometimes furnish a distinctive element in the diagnosis of the disease. The positive statements of some writers upon this subject would seem to leave no doubt as to the places of election in this disease. Certain observers, as the Germans, are in the habit of examining the nates as one of the most favorable regions for the purpose of finding the characteristic burrows of the acari; others, as the French, are not satisfied until the prepuce and glans penis are thoroughly exposed; while the English and American dermatologists are contented if they find a burrow between the fingers, or in the palms of the hands, or the soles of the feet. There is no doubt but the burrows or cuniculi are to be found in all these regions in most cases. Warmth and undisturbed condition of the parts are both favorable to the attacks and the propagation of the parasites. All those influences, whether atmospheric or chemical, which disturb the above conditions, render the soil so far unfit for the habitation and multiplication of the itch insect. Habit and the occupation have also much to do in affording facilities for its inroads. Shoemakers are most liable to the localization of scabies on the nates from the habitual warmth of these parts. Those whose hands are constantly wet or exposed to cold, or in contact with acrid substances, are seldom affected with scabies on these parts. The delicate skin of women and children affords the most favorable conditions for the general distribution of the acari. Thus, we find the cuniculi not only upon the hands and feet of children, but elsewhere upon the surface. In infants, the soles of the feet are often the best places for finding the furrows. They are also found in the palms of the hands, and may be rendered more apparent if ink is spread over the suspected part and in a few minutes wiped away with a rag that is slightly moistened with water. The loose, dead epidermic cells imbibe the coloring matter and are blackened by the tannate of iron, so that the furrows appear either as straight, curved, or tortuous lines, or composed of series of little black dots. The usual length of one of these little canals is two to three lines; they may, however, be much longer. They are situated in the epiderma, and are caused by the female, which penetrates this tissue for the purpose of depositing her eggs. The parasite may be removed by means of a pin or needle pushed into the open end of the canal and raised so as to rupture a portion of the cuticle which forms its exterior covering. The animal is then displaced most easily by the blunt point of a pin. It is very minute, glistening, and just distinguishable by the unassisted eye as a little oval, pearly mass. A lens magnifying five or ten diameters will reveal its movements to the eye and some of most distinct characteristics. Higher magnifying powers will be required in order to study the details of its structure.

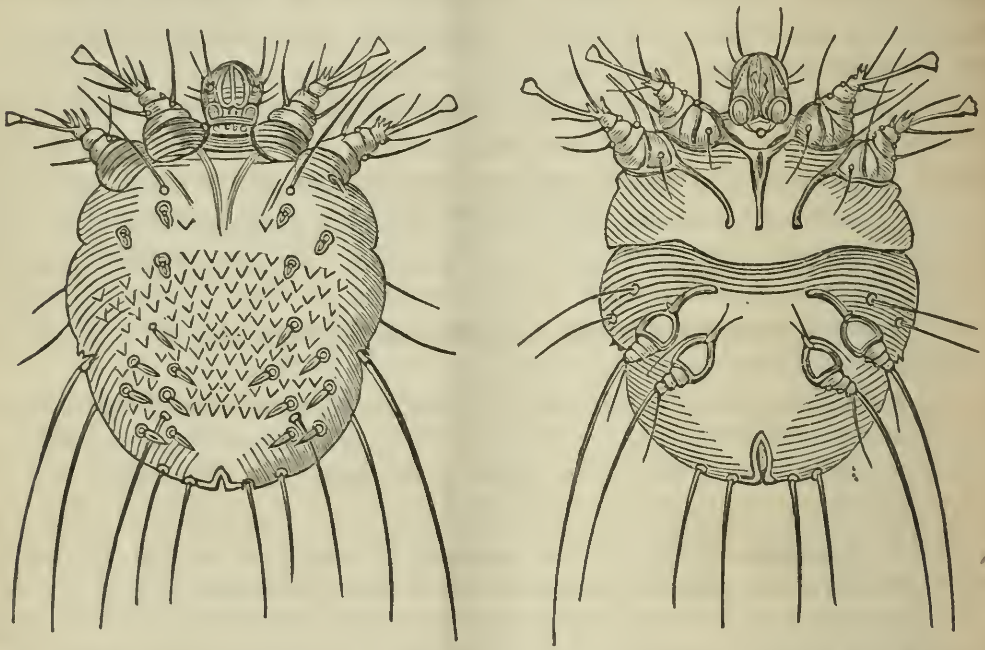
The disease presents certain distinctive features, which are immediately recognized as soon as it is seen by the experienced observer. The presence of the burrows helps to confirm the diagnosis, but is not altogether essential to the validity of our conclusions. We recognize scabies as we do the familiar features of an old acquaintance, not from a minute examination of the individual traits, but by the general aspect. Indeed, diagnosis in all skin diseases is much facilitated in this manner, to say nothing of the broader basis upon which our conclusions are thus made to rest. It is safe, then, if, in the presence of other well-pronounced symptoms, there is a failure for some reason or other to detect the furrows, to still adhere to our opinion that the disease is scabies; since our general convictions are often the most reliable ones in such cases.

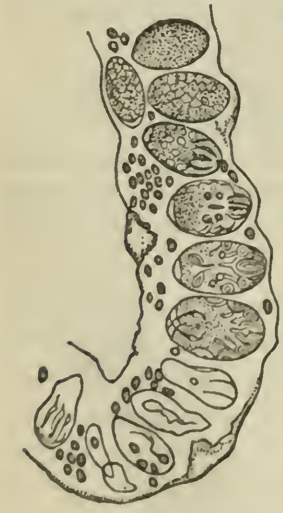
The eruptive appearances in scabies are quite various. They consist of papules, vesicles and pustules; and of all of the conditions of the skin which arise from the elementary lesions. They constitute, apart from their cause, and the peculiarities of their situation, all of the different grades of inflammation which are to be found in an eczematous or impetiginous affection.

The papular and vesicular forms of the eruption are, however, of the most common occurrence in scabies. Generally speaking, it is in the chronic forms, or when the disease attacks the debilitated, that a pustular eruption makes its appearance. This is peculiar, even then, to certain portions of the skin, such as the hands and feet, in most instances. In children, also, it is more liable to occur than in adults. The papules are quite numerous upon the back of the hands and upon the arms. The vesicles occur upon the inner borders of the fingers; and the pustules are also found in the same position, and likewise in the palms of the hands. In the latter situation they are broad and flat, on account of the thick and unyielding nature of the epiderma.

The Acarus.

The length of the acarus is about $\frac{1}{150}$ of an inch, and its breadth about the same when arrived at adult life. The head is oblong, obtusely pointed, short-set; has slightly dentated jaws, with upper and lower lips, and is capable of elongation or retraction at will from beneath the dorsal plate, or carapax, as it is termed. It has two eyes, placed laterally near the attachment of the head to the body. The animal has eight legs, of which four are near the head, ending in sucking cups or discs, and four more posteriorly inserted, each terminating in a bristle. It has twelve hair-like filaments, or spines, projecting backwards from the posterior segment of the body, some long and some short, and being all directed backwards they assist the creature in its attempts to penetrate the epidermis with its flattened snout, and render any retrograde motion or retreat utterly impossible. The males are much less numerous than the females (1 to 10, according to Bourguignon). The movements of the male are much more rapid than those of the female. The form of the acarus has been compared, and not inaptly, to that of a tortoise. Under a high power of the microscope, it appears almost transparent. The male makes no furrow or cuniculi; he either burrows a short distance in the cuticle or is found





on the surface. The female produces the cuniculi for the purpose of depositing her ova, which vary in number from 25 to 50. Some observers tell us that she deposits one ovum each day until she completes this labor; others state that she lays four eggs at a time, and that the period of incubation extends over three or four days. During this process the acarus remains at rest in its furrow. The eggs are arranged either in pairs, the outer surface of each touching the walls of the furrow, or they are disposed in a single line.

The contagious nature of scabies depends on the transmission of sarcoptes of both sexes, or of a pregnant female, from one person to another. A single unimpregnated female or male acarus alone cannot produce the disease.

The two wood-cuts on the opposite page represent the female acarus and the moniliform arrangement of her ova, together with fragments of excrementitious matter as deposited in the cuniculi.

[To be continued.]

Massachusetts General Hospital.

[Surgical Operations for the week ending November 9th. Reported by C. B. Porter, M.D., Surgeon to Out-patients.]

1. *Exostosis of Upper Jaw.* By Dr. H. J. Bigelow.—Tumor was the size of a large horse-chesnut, situated at the back part of the alveolar process of the right side, of about six years growth, pediculated, and containing on its convex surface two molar teeth. It was removed by chisel and forceps, leaving a small opening into the antrum, upon which the tumor encroached.

2. *Tumor of Back.* By Dr. H. J. Bigelow.—Female, aged 39. Tumor of two years growth. Tumor was about the size of a small cocoa-nut, lying between the posterior and inferior angle of the scapula and the spines of the dorsal vertebræ, and so hard as to lead to the suspicion that it was either an exostosis or enchondroma, seemingly attached to the ribs, being immovable, painless, rounded and prominent. *Operation.*—A crucial incision was made over the tumor, each incision running from the base on one side over the tumor to the base on the other, through the integuments, when it was found that the tumor was beneath the thick muscles of that region; these being divided and the edges of the mass dissected up, it was apparent that it was adherent to the ribs and intercostal muscles, from which it was carefully dissected by means of curved scissors and removed, exposing the pleura thickened, and to which it seemed attached. A few vessels were ligatured, and the wound closed by sutures. A considerable absorption of the bodies of the 8th and 9th ribs had taken place. Although very dense and hard, this tumor showed, on section, no trace of enchondromatous or bony tissue, while its irregularly mottled and light-colored surface, together with the great disparity in size and shape of its cells, under the microscope, left little doubt of its future recurrent tendency.

3. *Tumor of Breast (recurrent).* By Dr. S. Cabot.—Female, aged 48. Tumor size of a large orange, of two years growth. Patient, five years before, had had a large tumor of twenty years growth removed, weighing about 7½ pounds. There was no reappearance of the tumor for three years, when it commenced to return on the line of the cicatrix, since which time it has been growing rapidly. The tumor corresponded very nearly to the normal position of the nipple, and was removed in a manner similar to that for excision of the breast, and the wound closed by sutures.

4. *Tumor of Tongue.* By Dr. H. J. Bigelow.—Female, aged 55. Tumor

of three years growth. The tumor was about the size of an English walnut, somewhat flattened, situated at the base of the tongue, on the left side, lying partly in front, though principally behind the palato-glossus muscle, and below the tonsil, quite hard and incompressible, not ulcerated, lobulated, rising from the surface, and of a buff color. An incision being made through the mucous membrane, there was so much hæmorrhage that a strong ligature was passed under the centre of the tumor and tied. The tumor was then cut off just above the ligature. Although this tumor was raised nearly an inch above the tongue, invested with a healthy mucous membrane, and wholly free from the ulceration common to malignant growths of this region, it yet proved to be of malignant character.

5. *Radical Cure of Hernia; Wood's Operation.* By Dr. S. Cabot.—Patient, a young boy. Inguinal hernia. Dr. Cabot stated that instead of making use of pins, as recommended by Wood, in a child so young, he preferred to use wire, as ordinarily used in operating upon the adult, viz., passing the wire through the external pillar of the external ring on the outside, and on the inside through the internal pillar and conjoined tendon of the internal oblique and transversalis, and then invaginating a portion of the cellular tissue of the scrotum; which being done, the ends of the wire were twisted and fastened over a small roller.

6. *Tumor of Orbit.* By Dr. H. J. Bigelow.—Female, aged 58. Tumor of nine months duration. Tumor filled the orbit, protruding the eye outward upon the cheek, extending up on the forehead nearly to the frontal eminence. Fluctuating, painless, being from its size and rapid growth cancer or pus, although no circumscribed deposit of lymph could be detected to indicate the latter. *Operation.*—A curved incision was made from just over the external angular process of the frontal bone inwards nearly to the median line, the soft parts being gradually divided until the tumor was exposed, when a puncture being made, pus was discharged. On enlarging the opening and passing in the finger, there was found to be extensive necrosis, the cavity of the frontal sinus admitting the finger freely. The wound was left open.

7. *Tumor of Breast (male).* By Dr. S. Cabot.—Patient aged 43. Tumor was about the size of a butternut, a little external and above nipple. The skin over the tumor was of a dark purple hue, which he stated was a "mother mark," which he recollected as always having been there, but the tumor had never attracted his attention until six months previous. The tumor was hard and incompressible. It was removed by an oval incision, and, on section, proved to be an inflamed vascular tumor, as had been diagnosticated by Dr. Cabot previous to the operation. Wound closed by sutures.

8. *Double Hare-lip.* By Dr. H. J. Bigelow.—Patient an infant. Dr. Bigelow remarked that this was the most exaggerated case of hare-lip he had met with. A wide fissure separated the maxillaries, in the centre of which the vomer protruded, long and straight, for a distance of three quarters of an inch, surmounted by the intermaxillaries and septum, with a bit of integument. The intermaxillaries were removed by forceps. Lips and nasal septum being pared, were traversed by a pin, and the rest united by sutures.

9. *Single Hare-lip.* By Dr. H. J. Bigelow.—Fissure upon left side, involving palate. Edges freely dissected up, pared, and united by sutures. The success of these operations being, as was stated, largely dependent on the free dissection of the flaps and the absence of a subsequent notch, chiefly to be prevented by excision of the oblique corners.

10. *Plastic Operation.* By Dr. S. Cabot.—Patient, two weeks before, had received a severe lacerated wound at the inner commissure of the eyelids by a meat-hook, nearly tearing away the upper eyelid, which at the time of the accident had been put back into position and sutured. Adhesion did not take place, and the patient entered the hospital with the parts in nearly as bad a condition as when first wounded. The edges were refreshed, and the parts brought into apposition and sutured.

11. *Club-foot.* By Dr. H. J. Bigelow.—Infant. Double varus. Tendo-Achillis of each side divided.

12. *Gangrene of two Toes.* By Dr. H. J. Bigelow.—Patient, a laborer. Foot crushed by a stone. Toes amputated.

13. *Abscess in Lumbar Region.* By Dr. S. Cabot.—Patient, a young woman. An incision, two inches in length, made through the integument and adipose tissue, opened the cavity of the abscess, which discharged about ten ounces of laudable pus. On passing in the finger, the cavity was found to extend from the 11th rib down nearly to the crest of the ilium, and the 12th rib was found denuded of periosteum and roughened over a space as large as the forefinger nail.

14th. *Club-foot.* By Dr. H. J. Bigelow.—Patient, a child. Varus. Tendo-Achillis and plantar-fascia divided.

15. *False Anchylosis of Elbow-joint.* By Dr. H. J. Bigelow.—Patient, a young man. Anchylosis following a kick from a horse —— months before. Patient etherized, and elbow slowly flexed and rotated.

16. *Fistula in Ano.* By Dr. S. Cabot.—There were sinuses leading to above internal sphincter, and extending up outside sacrum to about its middle, which were freely laid open, the bleeding stopped by the application of perchloride of iron, and the wounds stuffed with lint.

17. *Excision of Elbow-joint for Deformity.* By Dr. R. M. Hodges.—Patient, a young lady aged 14 years. The elbow was bent to an angle of forty-five degrees by the contraction of a cicatrix of a burn received at the age of 7 years. The whole elbow was a mass of cicatrix, and the bones atrophied, partially anchylosed and displaced. The excision was performed on account of the inconvenience of the existing deformity. Although a large removal of bone was required, the operation was performed with the hope that at least a better position of the forearm might be obtained, and that by the relief of tension certain ulcerations of the cicatrix might be made to heal.

18. *Necrosis of Femur.* By Dr. S. Cabot.—Patient, a boy. Necrosis following injury. There were two openings leading to the bone—one on the outer and the other on the inner surface of the thigh, about three inches above knee-joint. These were enlarged by stretching them with scissors, and three fragments, about one inch long, removed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 14, 1867.

CONTINUANCE OF THE HEART'S ACTION AFTER DEATH.

At the time when the London *Lancet* made such an unwarrantable attack upon Dr. Henry G. Clark, of this city, for making, as it alleged, an autopsy upon a criminal who had been executed in Boston jail, before the body was actually dead, we published a case which to our minds satisfactorily proved the entire groundlessness of the charge. The circumstances which gave rise to the charge, we would remind our readers, were briefly these:—A murderer, by the name of McGee, suffered the extremity of the law, and after his body had been suspended for an hour, and careful examination by several physicians had failed to detect any sign of life, the body was cut down and transferred to the dead-house for dissection. On opening the chest, the right auricle was seen to contract at regular intervals. The phenomenon was watched with great interest by the physicians present, and was observed for four or five hours. It continued after all connection with the nervous centres had been severed; and after spontaneous action had ceased the auricle could be made to contract by stimulating it with the point of a scalpel. The occurrence was looked upon as an interesting illustration of the well-known irritability of the heart, which is quite familiar to all acquainted with our text-books of physiology. The attack of the *Lancet* was of the grossest character, and, as we have said above, we were able to publish in this JOURNAL authenticated instances of similar occurrences after death by the guillotine. A fresh interest has been recently given to the subject by a paper on the "Physiology of the Circulatory Functions," read before the International Medical Congress in Paris, by M. Marcelin Duval, Director of the Brest Naval Medical School. The paper contains the results of experiments performed upon guillotined criminals in 1850–1851 and 1866. They fully confirm, what hardly needed confirmation, the fact that the heart may beat after life is extinct, and that its contraction therefore is not of itself evidence that resuscitation is possible. The following is a translation of an extract from M. Duval's report, giving the appearances noticed :—

"*Carotid Arteries.*—The first two bodies were brought to the dissecting-room—one five and the other six minutes after execution. In both the severed extremities of the common carotids rose at regular intervals and extended themselves beyond the level of the section of the neck and then retracted again, a movement which might be compared to that of a good-sized artery upon which a ligature has been placed immediately after amputation. At each impulsion a small quantity of frothy, crimson blood escaped from the open extremities of the carotids. Blood flowed also from the internal jugular veins, equally frothy in character, but darker in color. The arterial shocks were feeble, but perfectly appreciable to the sight.

"*Heart.*—About seven minutes after death the chest was rapidly opened, and the beating of the heart could be perceived through the pericardium, which contained about an ounce and a third of a very clear, slightly yellowish liquid. The heart, left uncovered by the incision of the pericardium, was studied as it lay, before its action or position had been modified by contact or otherwise.

"*Movements of right and left Auricles.*—The left auricle is in repose upon the aorta, which it embraces. After a very short, but appreciable, time of rest, this appendix rises suddenly and leaves the aorta exposed, then falls rapidly and resumes its previous position. There is expansion of the auricle, as though it were distended by liquid, and during the expansion it becomes longer, and the fringes upon its edge assume a denticulated appearance until the auricle falls to its first position, when they approach one another again. This double movement, perfectly rhythmical, reproduced itself forty-eight times during the first minute, but its frequency rapidly grew less, and in the seventh minute it occurred only seven times. It should be also mentioned that, in the first subject, the right auricle pulsated strongly and regularly at the rate of forty-three or four times a minute, at first, and that the pulsations persisted an hour and a quarter, and were not interrupted by the removal of the stomach, the intestines, the diaphragm, and even of the lungs. The contraction of the ventricles was distinctly perceived, all their diameters becoming less and their surfaces gathering themselves into folds and wrinkles. Both contracted at the same time, and in perfect accord, the contraction running from the base to the point of the heart.

Re-vaccination; value of the Scar left by the first Vaccination as an Indication of its Protective Influence.—We find the following interesting and important statistics in the Report of Drs. Seaton and Buchanan on the State of Public Vaccination in London, and on the recent Epidemic of Smallpox, appended to the Sixth Report of the Medical Officer of the Privy Council for 1863.

"In the course of our school inquiry, we obtained facts that corroborate in the strongest way the law of connection between deficient vaccine scars and post-vaccinal smallpox. By showing how much smallpox has prevailed in the vaccinated children, the facts we are going to cite would be of themselves a sufficient condemnation of much of the London vaccination. We found 88 children scarred by smallpox out of the 49,570 school children who bore vaccine scars. This is at the rate of 1.78 per 1000 of the vaccinated children. Excluding the infant schools, and looking only to those children whose ages had given them longer exposure to smallpox, it was found (1), with respect to the quality of the vaccine scar, that out of each thousand children with typical scars, 1.22 were pitted by smallpox; out of a thousand with tolerable scars, 2.35 were pitted by smallpox; and out of a thousand with bad marks, 7.60 were pitted by smallpox. (2) As for the protective influence of the quantity of vaccination in the individual, it was further ascertained that of those children who had 4 scars (whatever their quality), 0.67 only per thousand were pitted by smallpox; of those who had 3 scars, 1.42 in the thousand were so pitted; of children with 2 marks, 2.49 in the thousand were scarred by smallpox; while those children who had only 1 vaccination mark were scarred with smallpox at the rate of 6.80 in the thousand. At the one extreme of goodness, with 4 or more typical scars, only 0.62 per thousand children were scarred by smallpox, while at the other extreme of badness, with 1 bad scar only, 19.0 per thousand were scarred by smallpox. The best vaccination, therefore, was more than 30 times as protective as the worst."

Yellow Fever.—The terrible epidemic of yellow fever, which has ravaged our Southwestern coast during the present season, has greatly abated, and on the 6th inst. the Board of Health of New Orleans declared the disease to be no longer epidemic, and that citizens and strangers can now return without apprehension. The whole number of deaths up to the 5th inst. was 3006. We find the following table, exhibiting the weekly mortality during the first twelve weeks of the epidemic in that city, in the *Medical News and Library*:—

Week ending July 13	3	Week ending August 24	69
" " " 20	2	" " " 31	126
" " " 28	5	" " September 7	212
" " August 3	9	" " " 14	354
" " " 10	14	" " " 21	398
" " " 17	12	" " " 28	492

The papers state that the disease has prevailed among all classes and all nationalities. It does not seek out for its victims those only who have resided in the city but a short period. Those who have escaped other epidemics in New Orleans have lost their lives by the present one.

In this connection, the following extract from a letter from Dr. C. B. White, written at New Orleans, is interesting. Dr. White was formerly Surgeon of Volunteers and Medical Director in the 5th Military District.

> The epidemic this year has been directed more to the nervous than to the circulatory system. The mortality is slight in comparison with former years. There were fewer cases assuming the hæmorrhagic form (black vomit). The majority of fatal results showed extensive congestion of the brain and its membranes.
>
> Quinine is, if not hurtful, at least useless. I have used it in only a few in-

stances this year, and with unpleasant results. You ask if yellow fever bears any relation to bilious remittent. In my opinion it does not, although many observers testify to the contrary. Yellow fever is a fever *sui generis*, self-limited, and, as a rule, occurs but once in a life-time. Although a *zymotic*, it is peculiarly a *telluric* poison, and is greatly modified by hygienic and atmospheric influences. I have, since the commencement of this epidemic, treated 120 cases. Of these, 11 resulted fatally. Two of these were relapses. Two could have been saved but for the negligence and ignorance of nurses. Two had been sick without aid twenty-four hours before I saw them. In five I had every chance, but without success. The third two would, I think, have died under the most energetic and decisive treatment.

One of my cases put down as recovered, died six weeks afterwards under the care of a "Howard" physician, who decided that mercury was the cause. As I did not give her any, death probably resulted as the remote effect of the fever. Many physicians can show a smaller percentage of deaths under the head of yellow fever, yet the city records give an astonishing number of deaths under the head of "congestion of the brain."

Many have received the seeds of the disease here and died elsewhere, as was the case with Lt. Stickney, of the 21st Infty., who was proceeding north on his wedding tour, and died at Lynchburg, Va., Oct. 4th, of yellow fever contracted in New Orleans. * * * C. B. WHITE, M.D.

PROF. EDMUND ANDREWS, in an interesting letter to the *Chicago Medical Examiner*, on the International Medical Congress, writes:—

On the fourth day, was discussed the very important topic of the accidents which follow surgical operations, such as erysipelas, hospital gangrene, and pyæmia.

It is frightful to contemplate the destruction of life in European hospitals by these diseases, and to perceive that it is kept up by the gross mismanagement of even their best and most eminent men.

The great murderous sin of European hospitals is want of ventilation. They are afraid of pure air, and, consequently, pyæmia is a fearful surgical scourge. M. GOSSELIN, at the Hôpital de la Pitié, innocently reports that he has an epidemic of erysipelas regularly, almost every winter (at the season when the weather causes the windows to be closed), but seemed to have no suspicion that it might be prevented with ease. He also reports, with the utmost coolness, that of the cases which originate in the hospital every third patient dies. I think this is perfect butchery, and I cannot help comparing it with the better practice in Chicago, where, in Mercy Hospital, deaths from pyæmia and erysipelas have become an almost unknown thing, being completely banished by the simple expedient of opening wide the windows, and keeping every surgical patient, night and day, in a current of pure air. Prof. PAGET, of London, has recently experimented in the same way, though he does not seem to be aware that we had settled the matter in Chicago, and published it years ago. His report confirms my experience. He says that the most efficient preventive of pyæmia, is to place the patient in a constant current of pure air, an announcement which ought to strike like a peal of thunder on the ears of European surgeons. The effect of foul air in Paris hospitals is such that they do not dare to close wounds by first intention. I have seen them fill the space between the flaps of an amputation with charpie, as they used to do in the dark ages, and the risk of pyæmia is so great as to render many valuable operations wholly unjustifiable.

The surgeons represented in the Congress generally admitted that ventilation favored escape from pyæmia, but the idea rested in their heads in a very sleepy, foggy manner. Not one of them seemed to be aware of the fact that this cause of death can be completely removed by the means of fresh air. The papers which were read showed that the authors were blindly fumbling about in the materia medica, to find some medicament which would enable them to combat pyæmia without pure respiration. Some used a solution of perchloride of iron, applied to the flaps of amputated cases; others applied solutions of carbolic acid;

others employed various measures, all very useful and valuable in themselves; but deadly blunders were committed in this respect, viz., they all invited the profession to rely on these secondary measures, instead of *perfecting the ventilation of the hospitals.*

We regret to announce the death, at New Haven, of Dr. Worthington Hooker, a name well known to the medical profession in the United States. Dr. Hooker was a native of Springfield, and since 1852 Professor at Yale Medical College. The *Springfield Republican* says that he was a graduate of Yale College in 1825, and of Harvard Medical School in 1829. He had attained an eminence fully worthy the position he filled for fifteen years in Yale College, and did much to render his difficult science one of popular use and knowledge. Several valuable works, treating of medicine and chemistry and their practical combinations, came from his pen, and have been extensively used as school text books.

Cirsoid Aneurism cured by Injections.—Professor Pitha showed, at the Medica Society of Vienna, a young man whom he had cured of a cirsoid aneurism of the side of the head. It was of large size. The occipital, posterior auricular and temporal arteries were largely dilated, being as large as quill-pens; the temporals and occipitals showed sacs as large as nuts. The auricular was enormous, violet in color, and showed distinct pulsations. Extirpation was not to be thought of, and ligature of the external carotid would have been useless, as the collateral branches would have carried on the circulation. Pressure, which was borne with much patience, caused œdema without diminishing the size of the tumor. Injection of the sesquichloride of iron was then tried. It formed a clot; the part became hard, suppurated at points, and the tumor disappeared. After two injections, only a little capillary dilatation remained; the occipital, which resisted longest, still pulsated.—*Edinb. Med. Jour.*, from *Gaz. des Hopitaux.*

On a New Method of Expelling Tœnia.—In order to treat the patient rationally, it must, *a priori*, be established that it is necessary—1st. To administer some substance which will kill, or at least render inert, the worm, without exciting contraction of the intestines; and 2dly, to give to the patient afterwards a mild oleaginous purgative, which will remove the worm without breaking it up. Inhalation of ether, or its direct absorption by the intestinal canal, after it has been administered either in capsules, or evaporated with syrup, will produce anæsthesia in the entozoon, which is then carried without violence to the rectum, from which it may be expelled entire and alive by a dose of some mild purgative.

Dr. Lortet has tried this remedy in only a few cases, but it has always succeeded, even in two patients in whom all other remedies had failed. The following is his method:—To give in one dose 20 grammes of ether, which in two hours is followed by 30 grammes of castor-oil. The worm is discharged without causing pain, entire or almost so, and always with the cephalic end intact.—*Leavenworth Medical Herald.*

University of South Carolina (Columbia).—A Medical Department has been organized in this University. The faculty consists of John T. Darby, M.D., Professor of Anatomy and Surgery; A. N. Talley, M.D., Professor of Principles and Practice of Medicine and Obstetrics; Joseph Le Conte, M.D., Professor of Chemistry and Pharmacy; M. La Borde, M.D., Professor of Physiology and Hygiene; John Le Conte, M.D., Professor of Materia Medica and Medical Jurisprudence. The medical course commences on the first Monday in October, and continues for nine months.—*New York Medical Journal.*

Cholera in Italy.—Statistics recently published in Italy show in eight months in United Italy, there were 32,577 cases, 12,901 deaths. Majority attacked were men—15,467 were among the poorer classes. Rates of mortality greater among higher classes, being 60 per cent. of those attacked. Cases few among children. Susceptibility most evident between ages 20 and 35.—*Western Jour. of Medicine.*

Resignation of M. Nélaton.—M. Nélaton has resigned his chair as Professor of Clinical Surgery. The *Medical Gazette* says the reason assigned is, that, in addition to his previously immense practice, the recent death of Jobert de Lamballe and Velpeau has put upon him a large amount of work. We have heard M. Nélaton's professional income, from private practice, his positions as Surgeon to the Emperor and professor *agrégé*, estimated at $125,000 per annum. It is said that the anatomist, Sappéy, will succeed him in the clinical chair.

The Learned Professions in England.—It is stated of the three leading professions, that in England the number of persons belonging to each is nearly the same—viz., 35,995 medical, 35,483 clerical, 34,970 legal.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, November 9th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	38	39	77
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.9	36.9	73.8
Average corrected to increased population - - - -	00	00	81.58
Deaths of persons above 90 - - - - - - -	0	0	0

Communications Received.—Some Considerations with regard to the Pathology and Treatment of Pott's Disease of the Spine.—Gonorrhœal Rheumatism.—Inclination of the Vertical Meridian of the Eyeball for the direction of Vision obliquely upwards and outwards.—Recent Contributions to the Anatomy of the Tympanum.—Experiments and Observations on Absinth and Absinthism.

Books and Pamphlets Received.—Transactions of the American Dental Association.—Wright on Headaches. Philadelphia: Lindsay & Blakiston.—West on the Diseases of Women. Philadelphia: Henry C. Lea.—Byford on the Diseases and Accidents incident to Women. Philadelphia: Lindsay & Blakiston.—Inhalation; its Therapeutics and Practice. By J. Solis Cohen, M.D. Philadelphia: Lindsay & Blakiston.—Physician's Hand-book. By William Elmer, M.D. New York: W. A. Townsend & Adams.—A Contribution to the History of the Hip-joint Operations performed during the late Civil War; being the Statistics of Twenty Cases of Amputations and Thirteen of Resections at this Articulation in the Southern Service. By Paul F. Eve, M.D., Professor of Surgery in the University of Nashville, Tenn.—Circular No. 7; War Department, Surgeon-General's Office, Washington: A Report on Amputations at the Hip-joint in Military Surgery.—Statistics of Ninety Cases of Operation for Urinary Calculus. By Paul F. Eve, M.D., Nashville, Tenn.—Proceedings introductory to the Twenty-fifth Annual Session of Rush Medical College.—Transactions of the Twenty-second Annual Meeting of the Ohio State Medical Society, June 11th and 12th, 1867.—City of Boston: Report of the Committee on Bathing, 1867.—Abstract from the Transactions of the Maine Medical Association, June, 1867.—Annual Address delivered before the Maine Medical Association, June, 1867, by George H. Chadwick, A.M., M.D.—Annual Address before the Medical Society of the State of New York, Feb. 6, 1867, by Joseph C. Hutchinson, M.D., of Brooklyn, President.—University of Albany: Historical Sketches of the Medical College, Law School, and the Dudley Observatory.—Thirty-first Annual Report of the Officers of the Vermont Asylum for the Insane, August, 1867.—An Essay on Man, by Alexander Pope; with Illustrations and Notes by S. R. Wells, New York.—The Gospel among the Animals; or, Christ with Cattle. By Samuel Osgood, D.D.

Deaths in Boston for the week ending Saturday noon, Nov. 9th, 77. Males, 38—Females, 39. Aneurism of aorta, 1—apoplexy, 1—disease of the bowels, 1—disease of the brain, 6—bronchitis, 5—burns, 1—cholera infantum, 1—consumption, 9—convulsions, 2—croup, 2—cystitis, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—scarlet fever, 7—typhoid fever, 4—disease of the heart, 1—infantile, 3—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 2—old age, 2—paralysis, 1—peritonitis, 1—premature birth, 1—puerperal disease, 1—softening of the stomach, 1—teething, 1—trismus nascentium, 1—unknown, 4.

Under 5 years of age, 34—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 56—Ireland, 16—other places, 5.

THE

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SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by David W. Cheever, M.D., one of the Visiting Surgeons.]

Fourteenth Paper.—*Perineal Section. Foreign Body in the Side. Peri-nephritic Abscesses.*

Case VI.—*Impermeable Stricture of the Urethra; Perineal Section by one stroke of the Knife, without Dissection.*—(Service of Dr. Cheever.) The patient, 44 years old, has had stricture for seven years. Entered the hospital June 5th, at one o'clock in the morning, with retention for thirty-six hours. The catheter could be passed only to the root of the penis, when it brought up suddenly and completely, without entering the bulb. There was swelling and œdema, with redness and induration of the scrotum, but no appearance of extravasation in the perinæum or over the abdomen. The bladder was tapped through the rectum, and a quart of urine drawn. The catheter was fastened in.

The next day an abscess was opened in front of the scrotum, and a good deal of pus and infiltrated urine evacuated. The patient's condition improved much after these measures; but the urethra remained impermeable, and it was evident that a radical operation would be required to ensure permanent relief.

June 7th.—He was etherized and placed in the position for lithotomy. No staff could be introduced. Instead of dissecting down for the membranous urethra in the usual way, perineal section was done, as follows.

The forefinger of the left hand, with the palmar surface uppermost, was introduced into the rectum, and the tip of the finger placed at the apex of the prostate gland. A long, narrow, single-edged amputating knife, with a blade of four inches in length, was held, with the cutting surface uppermost, in the right hand. The point was entered in the median *raphé*, half way between the perineal centre and the anus, and pushed straight in until the point could be felt impinging on the tip of the left forefinger. Guided on this, as on a director, the back of the knife sliding over the finger, with a thin, but perceptible septum of the wall of the rectum between them, the point of the knife was pushed straight on into the bladder. A pint of urine followed the knife, and a very little venous blood. The bladder was thus opened by a single incision, without withdrawing the knife; and the incision being exactly in the median line, but few vessels were cut. A catheter was fastened in.

The patient made a more prompt recovery than is usual after perineal section. In four weeks, he took a No. 8 catheter by the urethra. In five weeks he was discharged, passing a bougie himself. In seven weeks, the perinæum was closed.

In all those cases in which we have seen perineal section performed by dissection, *without a guide* in the urethra, and in several cases in which we have so performed the operation ourselves, fully an hour has been consumed in finding the membranous urethra. The perinæum has been very much cut up by repeated, though minute incisions; a wound has been left, lacerated rather than incised, and hence slow to heal and prone to slough; and the patient has been left in a state of very considerable exhaustion from prolonged etherization and hæmorrhage. In all such cases recovery has been slow, and the perinæum reluctant to close. Perineal section of the membranous urethra, done without a bougie or a staff, in a case of impermeable stricture, has been notorious among all surgical writers as a long and difficult operation.

By the method above described, advocated by Mr. Cox, we substitute a minute or two for an hour; and a single, clean median incision for a prolonged hacking of the parts. Due care being taken to start in the median raphé, to use a single, deliberate and unswerving thrust with a long, narrow and single-edged knife, it does not seem to me that this mode of operating is as difficult as, or more dangerous than, the ordinary way.

Sir Henry Thompson, in his admirable work on Lithotomy, insists again and again that far more danger results from laceration in the vicinity of the neck of the bladder, than from the most free incisions. In speaking of the dangers of urinary extravasation after lithotomy, he says (pp. 87–88):—"There is good reason to believe that, in most cases, urinary extravasation is not the primary cause of the inflammation, but *vice versâ.* Cellulitis, produced by violence, has first destroyed the connections of the tissues, and then the urine infiltrates into the disintegrated parts. . . . . Infiltration by no means necessarily occurs when urine passes over free incisions of cellular *spaces*, so called. In fact, cellular *interspaces* between muscles do not exist, except when made by the dissector, &c."

"It appears that, in the majority of cases, death is due to unnecessary violence inflicted on the neck of the bladder, and the parts adjacent, occasioning destructive inflammation of the connective tissue, and of the network of minute vessels that pervade it."

Neither does he consider that urinary infiltration will necessarily follow an incision carried beyond the fibrous capsule of the prostate. Such an incision is always made in the operation for lithotomy in children, in whom the prostate is only rudimentary, and yet urinary infiltration in them is very rare.

Now it is precisely an analogous series of lacerations and violence which is inflicted on the cellular tissue of the deep perinæum in the ordinary search for the membranous urethra *sans guide;* hence its indisposition to close. Neither does it appear that any serious peril will necessarily follow a clean incision, prolonged even through the prostate itself.

Case VII.—*A Foreign Body, unsuspected for three years, removed from the Side; Recovery.*—(Service of Dr. Cheever.) Mrs.——, aged 27, was first troubled three years ago with a pain in her left side. Three months later, she noticed a projection of the lower ribs, just over the stomach. This state of affairs continued until a year ago, since which the pain and swelling have increased. The pain is throbbing, and requires the daily use of opiates. Since four months past, it has begun to wear upon her health. The ribs are much more prominent than on the other side. The skin is neither adherent nor inflamed, though discolored by many applications. There is great tenderness on pressure. A lateral curvature of the spine, towards the left, exists in the dorsal region. There is a general fulness over the left side. Just outside the swelling is a scar, where she had caries of a rib when a child. There are no signs of any organic disease to be discovered. The lung is resonant, and respiration good down to the very line of the swelling. The form is distorted from the spinal curvature. Position and sounds of heart normal. Tongue furred. Pulse 80. Bowels a little confined. The patient has consulted numerous surgeons and physicians of eminence, both in Boston and elsewhere. No satisfactory diagnosis has been given. She has suffered from polypharmacy. Our own suspicions point to one of two diseases—caries of a rib, or an old and limited empyema.

Worn out by pain, and tired of spending her time and means in fruitless medical advice, she enters the hospital, desiring some form of operation for relief. An exploratory incision having been proposed to her, she readily assented, and preferred to bear it without ether.

June 2d.—A crucial incision was made over the most tender spot. The knife came directly down on a cambric needle, much corroded, which lay across and between the ribs. No other disease was found. There were several indurated and tender spots near by, where the needle had probably laid from time to time. These were all laid open, and the external wound enlarged.

It is needless to follow the subsequent history of the case. The neuralgia gradually subsided; and she was discharged, at the end of three weeks, with every prospect of entire recovery.

Case VIII.—*Peri-nephritic Abscess.*—(Service of Dr. Cheever.) C. S., aged 17, a delicate and anæmic girl, in whom the catamenia have never appeared, entered the hospital April 9th, 1867. Has been somewhat troubled with incontinence of urine for three years; otherwise in fair health. Two weeks ago, first noticed a slight soreness over right kidney, and a small tumor growing slowly. Now, a fluctuating swelling in right lumbar region, three inches in diameter, without redness; but little tender, and having a boundary wall of lymph. No sensitiveness or deformity of spine. No weakness or paralysis of legs. No lameness or evidence of any trouble in the hip-joint, nor has there ever been. No chills, but profuse sweats within the fortnight.

She was etherized and the tumor opened, giving exit to a considerable quantity of laudable pus, free from odor. A probe could be passed in three inches, perpendicularly. No denuded bone to be found. Probe impinges on an elastic wall. The urine was examined, but nothing abnormal found.

The abscess continued discharging less and less for one month. No other symptoms presented themselves. She improved under tonic treatment, and was discharged, nearly well, May 10th.

The freedom from acute symptoms must class this collection with cold abscesses. The absence of all spinal or pelvic disease, and the depth and location of the matter, indicate the cellular tissue near the kidney as its probable source.

Case IX.—*Peri-nephritic Abscess.*—(Service of Dr. Cheever.) Lizzie B., Irish domestic, aged 17, born in Boston, of healthy parentage, entered the hospital Feb. 11th, 1867. Four weeks ago, after wetting her feet, the menstrual flow ceased, and a difficulty in retaining urine occurred. This symptom at first compelled frequent micturition only; at present, however, there is complete incontinence. There is no pain, nor has there been at any time a chill. No dribbling of urine while lying down. During night, obliged to pass water five or six times, owing to pain at meatus. Pulse 90. Temperature 100°. Bowels costive. Tenderness in right lumbar region. No tenderness nor dulness at hypogastrium.

An examination of the urine resulted as follows:—“ Color, orange; sediment, white, and pours like white of egg; specific gravity, 1017; acid; albumen $\frac{1}{6}$. By microscope, large amount of pus corpuscles; no blood nor casts.” Treatment—Iron, oil and uva ursi.

Four days after entrance, had a slight chill during the night, followed by pyrexia. Another chill soon occurred.

March 22d.—An increased amount of pus in urine; another chill; tenderness over left kidney.

April 1st.—Chills again. Same condition of urine; no casts found. Some complaint of fixed pain in *right* renal region; heretofore pressure was needed to obtain evidence of its existence.

During the month of May, a troublesome cough (bronchitic) existed.

June 12th.—Urine examined; specific gravity 1015; sediment less than at previous examinations, somewhat agglutinated; no albumen. Pus, under microscope.

July 7th.—Dr. Cheever examined the patient, in consultation. He confirmed diagnosis of fluctuation in right lumbar region. Fluctuation was very difficult to verify. By placing the left hand flat over the right lumbar region, closing the eyes, and having some one else tap repeatedly on the other border of the swelling, a wave could be felt. The indications of pus, from the swelling, deformity and rational signs, were more marked.

10th.—Patient having been fully etherized, Dr. Cheever introduced an exploratory trocar between the 12th rib and the crest of the ilium. Pus appeared. The large trocar was then introduced, and at least two ounces of a thick, purulent fluid, quite fœtid, were discharged. The portion last appearing was thick and curd-like. A probe could be passed in, perpendicular to the surface, at least three inches. It reached a soft, elastic wall. No bone could anywhere be felt; nor was there any other evidence of disease of the spine or hip.

13th.—Increased amount of pus in urine; less pain in renal region.

24th.—Urine examined. For the first time, an abundant amount of mucous cloud is seen, containing a white deposit. The merest trace of albumen. Pus corpuscles still found under the microscope. *The amount of purulent sediment, however, has excessively diminished.*

29th.—Urine diminishing in quantity. Right leg œdematous, somewhat painful.

31st.—No albumen nor pus found in a specimen of urine passed this morning. Skin of leg tense and shining.

Aug. 4th.—Bowels becoming loose. Pulse has been almost universally above 100. Cough now became troublesome, together with soreness of chest.

Sept. 9th, she died. No autopsy.

These two cases are thought to be peri-nephritic abscesses. Both patients were feeble, anæmic, half-developed girls. Both had incontinence of urine. The first recovered; the second had pus in the urine, other organic disease, and death.

Foreign Correspondence.

[We publish the following letter from our London Correspondent, who was a member of the Commission sent by the Suffolk District Medical Society to the recent International Medical Congress in Paris, not doubting that our readers will welcome any authentic information regarding the doings of this hitherto somewhat reticent body. The full delegation sent from Boston consisted of Drs. Upham, Tyler, Coolidge, Stearns, Codman and Brown. In due time their full report will no doubt be presented to the Society.—Eds.]

London, October 27, 1867.

Messrs Editors,—I am in receipt of your letter, asking me to tell you something of what we accomplished and what we saw in Paris as Commissioners of the Suffolk District Medical Society to the Medical Congress and the Exposition ; and, as one of that body, I send you a brief jotting of our experiences. Our brethren, who are quietly pursuing their every-day professional business at home, must pardon this delay in advising them of our proceedings—for, when one is spending *all day* in hospitals, dispensaries and lecture-rooms, and is trying to steal an hour *more* for the sights of the Old World, but little time and less strength are left for home correspondence.

We came together with our minds filled with the liveliest anticipations of a warm and hearty reception on the part of our French brethren. We looked for nothing less than the whole committee of organization, with him who is said to thirst for blood at their head, rushing forward with outstretched arms to embrace and give us the time-honored kiss on each cheek in welcome. But, alas ! there was nothing of the kind. Not to be captious in the matter, the Commissioners could not help noticing the fact that none of the delegates were received by any committee appointed for the purpose ; indeed, it was only by persistent endeavors that they obtained a reception and acknowledgment of their claims as delegates.

Actuated by a desire for a thorough organization in order to gain all possible good from the Congress, and to bear home as much information as we could to our constituents, the Commission met several days before the opening of the Congress at the office of a well-known banker. There, and, subsequently, at other places, we held several meetings for discussion on the Congress and medical subjects.

The Commissioners were all present at the opening of the Congress, at the Ecole de Médecine, on the 16th of August. They found there assembled, in the amphitheatre of that time-honored institution, a large concourse of professional gentlemen of all nations, languages and climes. "Time honored" the Commissioners concluded the institution must be, for they were forced to bear away, at every sitting, a large deposit of the dust of ages on their coats. Even the learned papers which were read, and the able discussions which ensued, with the view, moreover, of the superb painting of Ambrose Paré which decorates the wall of the amphitheatre, failed to counterbalance the inconveniences from over-crowded seats, wretched ventilation and the over-heated air of the assembly room. All these inconveniences, however, were faithfully endured, and the first and each subsequent séance of the Congress was attended by one or more of the Commission, on the alert to gain whatever information was possible. They were somewhat amused, a few days later, in reading their own names in the list of delegates present, which, thanks to French orthography, chirography and punctuation, were so garbled that it was with some difficulty that each individual member could pick out and identify his own. The Congress was called to order by the Chairman of the Committee of Organization, who, calling attention to the past and present state of the profession, welcomed the members present, foreigners as well as Frenchmen, all fellow-workers in the cause of medical science of the future, expressing, however, with the true assurance of his people, the opinion that the brightest field of professional progress is in their own land, and introducing, as an appropriate quotation for the occasion, the motto of the French poet:—

France est Paris; et Paris, c'est tout le monde.

The Congress was then organized by the choice of permanent officers; Prof. Bouillaud being elected President and Dr. Jaccoud Secretary, with a large number of Vice Presidents from France and other nations of Europe. The meeting subsequently listened to the first paper on the list, as appointed by the Committee. The Committee had appointed twelve séances to constitute the assembly of the Congress, viz., six in the day-time and six in the evening—the Congress to hold in session for about two weeks. To each day meeting a subject for consideration was assigned, and readers appointed to present articles on each subject in succession. The subjects appointed for the day séances were as follows:—

1st. The pathological anatomy and physiology of tubercle. Tuberculosis in different countries and its influence on mortality.

2d. On the influence of climates, of races, and different conditions of life on menstruation in different countries.

3d. On general accidents which cause death after surgical operations.

4th. Is it possible to propose to the different governments some efficacious measures to restrain the propagation of venereal diseases?

5th. On the acclimation of the races of Europe in cold countries.

6th. On the influence of food used in different countries on the production of certain maladies; and on entozoa and entophytes which can be developed in man.

It would render my letter tedious were I to enter upon a description of the papers, or the discussions which ensued. Many of them were exceedingly interesting, and some presented new ideas of value. It is, however, beyond the province of your correspondent to describe the new ideas, as they are in the hands of sub-committees of the Commission, and will be included in their report to the Society. The evening séances were devoted to the reading of articles of a miscellaneous character, and it may not be amiss to mention the following as more worthy of notice:—Dr. Brown-Séquard (of New York) on new views of the signs of cerebral diseases; Dr. Galezowski (of Paris) on the alterations of the retina and choroid in the tubercular diathesis; Dr. Brunetti (of Padua) on a new method of preservation of anatomical preparations; Dr. Kauchfuss (of St. Petersburgh) on the construction of hospitals for children; Dr. Drysdale (of London) on the treatment of syphilis without mercury; Dr. Ravoth (of Berlin) on the diagnosis of hernia; Dr. Kristeller (of Berlin) on obstetrical operations by external manipulation.

Quite full reports of the meetings, with extracts from the papers, appeared in the medical journals of Paris, and the official report of the Congress will be issued in due time.

Feeling satisfied that there were other topics on which they could obtain useful information for the profession at home, the Commissioners subdivided into committees for the consideration of such subjects; it would, however, be improper to anticipate their report.

Thus passed the International Medical Congress of 1867; international the Commissioners felt it to be *in name*, but, *in reality*, thoroughly an exponent of the country within whose borders it was held. B.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

SEPT. 23d.—*Ovariotomy; Remarks of Mr. T. Spencer Wells and Professor Peaslee.*

Dr. D. H. STORER said there was a disinclination on the part of surgeons in this neighborhood to perform this operation; he hoped the two distinguished ovariotomists present would give the Society the results of their experience and their opinion as to the propriety of the operation.

Mr. SPENCER WELLS said his confidence in ovariotomy increased as his experience became larger, the mortality after operations having diminished, while the survivors had enjoyed greatly improved health. Of his own cases, eleven women have borne children after having had an ovary removed, some of them having been confined two or three times. Prejudice had been aroused against the operation because it had been done when it was not justifiable; patients in good health with ovarian tumors and no discomfort, have been persuaded to have the operation done and have died in a few days, while on the other hand the operation had been done on women in a most miserable condition.

Mr. Wells said he had operated on 228 women, of whom 162 recovered and 66 died. In the first 100 cases, 66 recovered and 34 died; in the second 100 cases, 72 recovered and 28 died; in the remaining 28 cases, 24 recovered and 4 died. In incomplete operations, the mortality is 40 per cent. In 18 cases he had made exploratory incisions and had lost 25 per cent, but these operations will be less frequent as experience becomes greater. In two cases he had done ovariotomy twice; the first patient died of peritonitis, the interval between the operations having been nine months. The second patient still lives, the last operation having been done eighteen months after the first.

In seven cases he had removed both ovaries at the same time; of these, four recovered and three died.

In answer to Dr. LYMAN, Mr. Wells said that in the general hospitals of England the mortality had been very much greater than in private practice or in small hospitals. In Guy's and some other institutions, the patients have been kept by themselves after the operation, and no students or other than the necessary attendants allowed to visit them, which seemed to him likely to have a good effect. In his own hospital, the Samaritan, containing only twenty beds, the patients are kept separate, but the mortality is still slightly greater than in private practice; in the first one hundred of his cases the mortality was greater in private practice than in this hospital, but in the second one hundred it was greater in the hospital. He had never thought of giving chlorate of potash with the idea of curing ovarian disease; he thought the cases reported of improvement during the administration of this medicine were not cases of disease of the ovary. In the after-treatment, he always ordered the window to be kept open to some extent, summer or winter.

Dr. PEASLEE said he had operated in 1850, and had the first successful case in New England, but he felt very modest at the side of Mr. Wells, who in ten years had done more than any other surgeon living to prolong life, having restored 142 women to perfect health; he had caused premature death to fifty-eight women, but, as the hope of life with ovarian disease is very much less than after recovery from ovariotomy, those who survive the operation having usually perfect health, this amounted to but little as an objection.

He thought the operation should never be done save by a surgeon accustomed to operate; many men perform ovariotomy who never do any other operation, but in complicated cases the best qualifications of the surgeon are required as much as or more than in any other operation. There has been great carelessness as to the time and manner of operating; great caution should be used—no attempt at flourish or brilliancy should be made. Dr. Peaslee said he would never operate unless he were to have the whole charge of the patient afterwards. In answer to Dr. H. J. Bigelow, he said he thought the operation more likely to succeed at the hands of an experienced surgeon than of one not accustomed to do operations. He considered the after-treatment also very important; large doses of opium are bad—as little as possible should be given; nourishing food should be used with discretion. In several cases he had injected into the abdominal cavity one or two quarts of pure water to wash out clots and prevent septicæmia. He thought good air and favorable situation very important.

Dr. H. J. BIGELOW said he had listened to these remarks with great interest; he had often quoted the case in which this "washing out" was first done by Dr. Peaslee, and thought the expedient in that case an excellent instance of the benefit of judicious surgical interference. He had done the operation twice, unsuccessfully, in 1849–50—the first operations here—and, having numerous applications to do it again, had uniformly since refused as a matter of personal preference and taste. Statistics as to the results of operations are imperfect; many fatal cases about this city have never been reported, and possibly elsewhere the same omission has occurred. In connection with the valuable statements which had been made, he adverted to the fact that success has not been in proportion to skill, complicated cases operated on by inexperienced persons having succeeded, while many fatal though promising cases have occurred in skilful hands. As far as he had been able to learn, the improvements in the method of operating of late years have not been important, and those in the subsequent treatment only commensurate and identical with the improved treatment after surgical operations generally, unless Dr. Peaslee's admirable method of cleansing the peritoneum be excepted; but this has been rarely resorted to. He thought that the country was the best place, and a hospital the worst, for this operation.

Dr. Lyman said that in estimating the value of statistics, much greater value should be placed upon those of a man who had had two or three hundred cases of his own, than if as many cases had been reported by a large number of operators.

Dr. Jackson remarked upon the great want of success in this operation, as performed by the surgeons of this city, and the prejudice against it that has very naturally existed. Some gross errors in diagnosis had also been made; in one case an enlarged spleen was mistaken for an ovary, and an operation would perhaps have been done if the patient had not died of another disease. In two other cases, it was the uterus enlarged by fibrous tumors that was removed. The error in one of these at least was due to the very remarkable sense of fluctuation that existed, and which is not extremely rare in this kind of tumor. Elongation of the uterine cavity, as shown by the sound, is one of the indications of fibrous tumor; but this last may be so situated as not to cause elongation, and on the other hand the organ may be very much elongated by an ovarian tumor.

Sept. 23d.—*Large Calculi in each Kidney; Stricture of Urethra; Perineal Fistulæ.*—The specimen was shown by Dr. J. Homans, Jr., who made the autopsy; the account of the case was furnished by Dr. Green, of Dorchester, the attending physician.

"The patient, a carpenter, æt. 66, when a boy remembers having had a severe fall upon the small of his back. About six years ago, began to have some difficulty in micturition, being obliged to pass water often; from that time has gradually failed, the urine becoming purulent and ammoniacal, and voided with pain. Gave up work a year ago, about which time several perineal abscesses formed and discharged externally, but without extravasation of urine until about ten months since; when, after great pain and swelling in the perinæum, with stoppage of water, the urethra ruptured, and the urine passed out through a perineal fistula. For several months the urine passed entirely in this way, until about five months ago, when it was resolved to perform perineal section, if no catheter could be passed into the bladder. After much trouble an instrument was passed, and dilatation of the strictured portion began. The urine has passed by the urethra entirely since that time. He has gradually failed, and died September 10th, 1867."

"*Autopsy.*—Both kidneys contain calcareous masses of various sizes and shapes. In the left kidney is a calculus which fills the pelvis, the infundibula, and projects into many of the calices, forming a mass not unlike some coral formations. The body of this mass may be said to be about 2½ inches long and 1½ wide. Its weight is one ounce. It is a complete cast of the pelvis of the kidney, with its prolongations. Many of the extremities of the branches have cup-shaped ends, which articulated with other calcareous masses more deeply imbedded in the kidney, or received the papillæ of the pyramids. In the right kidney are irregular calcareous masses of variable size, some of them quite small, others seven eighths of an inch in length. There is purulent-looking fluid filling the intestines around these masses; in this fluid no pus-cells were seen, but many oil-globules, granular matter, and crystals of triple phosphate. The renal substance around the calcareous masses is in a gangrenous condition. The ureters contain the same purulent-looking, offensive fluid, and calcareous débris. The parietes of the bladder are thickened, the mucous membrane of a dark-green color, and in many places cribriform ; the same sort of fluid that is found in the ureters is here also. The middle pathological lobe of the prostate is enlarged, while the gland itself is quite small, and forms a mass the size of a large filbert ; the mucous membrane anterior to the prostate, and in the neighborhood of the veru-montanum, is in a cribriform condition. At the anterior extremity of the membranous portion of the urethra are the results of inflammation ; much thickened tissue surrounds the urethra, and its calibre is diminished ; here was probably the seat of the stricture. A fistula about two inches in length runs along from this point by the side of the canal, in an anterior direction, and opens through the skin of the perinæum. A sinus, about an inch long, runs forward behind the urethra from the same point, and seems to have no external opening.

"An analysis of one of the fragments found in the kidneys, proves it to be composed of urates, carbonate and oxalate of lime, and the triple phosphate of ammonia and magnesia."

Oct. 14th.—*Death from the Sequelæ of Diphtheria.*—Dr. Minot reported the case.

The patient, a lady of nervous temperament, 65 years old, had an attack of diphtheria, in July last, while staying at the seashore, for which she was treated by Dr. Edward Newhall, of Lynn. Tonics and stimulants, combined with energetic local applications, were the means employed, and the patient recovered. Some weeks afterwards, inflammation, followed by ulceration, attacked the cornea of the right eye, which had twice before been subject to the same affection, at intervals of several years, so that its sight was much impaired. At the same time the patient began to lose control over her limbs, so that she could neither stand nor walk without assistance. She also began to transpose her words in speaking, and to use one resembling in sound, but differing in sense from the word she intended to employ. There was never any difficulty in articulating or in swallowing ; nor was there any real paralysis, but rather a weakness and a want of coördination of the movements. The pulse was slow in the morning and quicker in the evening, but there was no fever. Appetite moderate ; much complaint of want of sleep, though in reality the sleep was not very deficient ; occasionally she would sleep the whole night. She came to town towards the end of September, and was first seen by Dr. M., Sept. 29th. She was then able to walk out a little, with assistance, and drove daily in an open carriage. The eye was nearly healed, under Dr. Williams's care. The memory was somewhat impaired, and at times there was a little delirium. The urine was twice examined for albumen, but none could be detected by nitric acid or heat. The pulse at first was about 60 in the minute, and never rose above 90. The patient could grasp firmly with the hands, but could not hold her teacup without danger of letting it drop. The power of walking failed rapidly. At the same time the delirium increased, and on the 8th of October it amounted to complete mania, the patient laboring under the most extraordinary delusions, and manifesting hostility to all about her. She refused to take food or medicine. Drs. Newhall and Williams saw her in consultation on the evening of the 9th, and as it was impossible to give medicine by the mouth, a few drops of a strong solution of morphia were injected subcutaneously, at about

7 o'clock, soon after which she fell asleep. At 9½, Dr. M. found her sleeping quietly. At 4, A.M., it was found that she was dead. Rigor mortis was complete, and the body was cool, so that death must have taken place some hours previously (probably as early as 11 o'clock), but so quietly that the attendants, who were constantly in the room, and awake, were not aware of it.

An autopsy was not allowed.

The treatment consisted in the administration of tonics (iron and quinine), sedatives (bromide of potassium), stimulants, and as nourishing a diet as possible. Electricity was begun to be employed, with a view to improving the muscular strength, but the mental condition of the patient made it necessary to suspend it.

Bibliographical Notices.

The Indigestions; or Diseases of the Digestive Organs functionally Treated. By Thomas King Chambers, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, Consulting Physician of Lock Hospital, &c. &c.

Dr. Chambers is widely known as the author of the most popular recent work on Clinical Medicine known by the title, the Renewal of Life. The present volume is likely to meet with an equally favorable reception. It cannot be denied that the tendency of the skeptical spirit of modern medical philosophy is rather to discourage physicians in the employment of curative means, and lead them to turn their minds somewhat too exclusively to the questions of diagnosis and prognosis. Successful practice must include treatment—skilful treatment as well. To those who are inclined to leave *dux natura* to do the whole work, or whose skepticism has made them but hesitating and doubting counsellors by the bedside, we recommend the writings of Dr. Chambers. No one is more exact and shrewd in diagnosis than he, but at the same time he is blessed with a cheerful spirit which makes his prognosis hopeful where there is the least warrant for it. This is the sort of a physician a sick man wants, and this is the sort of teacher to make such physicians. His writings are full of strong common sense; and while we are not prepared to accept all his theories, we can forgive some hasty generalizations for the great abundance of practical wisdom which they contain. We have rarely seen a better definition of chronic and acute diseases than he thus gives in the volume before us. "Indigestion," he says, "is a chronic disease. By that I mean that its natural path is straight on from bad to worse, unless from the interposition of some extraneous circumstances of accidental or designed origin, foreign to the phenomena of the disease itself. Hence it is not difficult to test the action of a remedy upon it. A cautious observer may from a moderate number of well-considered cases come to a rational conclusion as to its value. While the tendency of acute disease, as I understand it, is to progress in a circle towards the recovery of health; each process, however dangerous and normal it may be, being a step towards the final arrival at that result, if only the patient's strength holds out."

The work before us treats in successive chapters of Indigestion of various Foods, of Habits of Social Life leading to Indigestion, of Abdominal Pains, of Vomiting, of Flatulence, of Diarrhœa, of Constipation and Costiveness, of Nervous Diseases connected with Indigestion, and concludes with an Analysis and an Alphabetical Index. It is illustrated by brief notes of cases, which number as high as CCXXVII., appropriately introduced and instructively commented upon. The work should be in the hands of every practising physician.

Massachusetts General Hospital.

[Surgical Operations for the week ending November 18th. Reported by C. B. Porter, M.D., Surgeon to Out-patients.]

1. *Wound of Palmar Arch; Ligature of the Brachial Artery.* By Dr. H. J. Bigelow.—Patient, a young man. Three weeks ago, wounded the palmar arch by striking his hand upon a window-pane. Hæmorrhage occurred, and was arrested by pressure, but recurred again at intervals of a few days. When he entered the hospital, his hand and arm were largely swollen from pressure and inflammation. A compress was applied over the brachial artery, and one over the course of the radial and ulnar arteries each. The arm, well bandaged, was then kept elevated. In the course of a few days hæmorrhage again recurred, and the brachial artery was tied as an operation more certain and safe than the ligature of the palmar arteries, locally, in a hand so swollen and vascular by inflammation.

2. *Tumor underneath the Tongue.* By Dr. H. J. Bigelow.—Patient was an adult male; had known of its existence for but a few months. Tumor was the size of a small filbert, situated underneath the anterior portion of the tongue, a little to the left side of the frænum, so hard that Dr. Bigelow remarked, before operating, that were it not so rare an affection he should call it a salivary calculus. Upon cutting through the mucous membrane his suspicions proved to be correct, the calculus and considerable of the retained secretion being discharged.

3. *Caries of the Metacarpal Bone of the Thumb.* By Dr. S. Cabot.—Patient, a young lady. No known cause for the disease. There was a fistulous opening on the back of the hand, between the 1st and 2d metacarpal bones. On enlarging the opening and introducing a probe, the proximal end of the metacarpal bone of the thumb was found carious, and the diseased surface removed by a burr-drill.

4. *Cancer of the Tongue.* By Dr. H. J. Bigelow.—Patient was an elderly man. Tumor of seven months growth; situated underneath the right side of the tongue, about the size of an almond-meat, flattened, ulcerated, and somewhat raised from the surface. It was excised, and the hæmorrhage, which was free from the whole cut surface, was arrested by the application of the solution of perchloride of iron.

5. *Excision of the Tonsils for Enlargement.* By Dr. S. Cabot.—Patient, a child. Tonsils had been greatly enlarged for two months, nearly meeting on the median line. Both were excised.

6. *Cancroid of the Heel.* By Dr. H. J. Bigelow.—Patient, adult male. Ulcer, two inches in diameter, had existed for over two years; first induced by the irritation from a peg in his boot; of an unhealthy fungoid appearance, with irregular edges. The affected parts were excised, and the diseased os calcis trephined.

7. *Staphyloraphy.* By Dr. S. Cabot.—Patient was an adult male. Fissure extended through the hard and soft palates on the median line, anteriorly as far as opposite the first molar tooth. The soft parts being freely dissected up, the edges were pared and brought together by nine sutures.

8. *Salivary Fistula.* By Dr. S. Cabot—Patient, a boy. Fistula, following abscess, was situated about three fourths of an inch behind the posterior edge of

the parotid, discharging very little, except during meals, when there is a copious flow of saliva, to the great inconvenience of the patient. Incisions were made in the form of a letter H, the cross-bar of the H running through the fistula, the flaps were dissected up, one entirely cut away, and the edge of the other refreshed so as to get rid of the cicatrized edge of the fistula, and the edges united by sutures.

9. *Nævus.* By Dr. H. J. Bigelow.—The tumor occupied a large portion of the upper lip, implicating a portion of its mucous membrane and the septum nasi. Two ligatures were passed under it and tied in such a manner as to completely strangulate it. Before tying it, the skin between the needle-holes was carefully divided with a knife, so as to form a sulcus, and thus determine the exact position of the ligature, which otherwise tends to slip inwards upon the surface of the nævus, and also to anticipate by the knife the slow and painful ulceration of the skin by the ligature.

10. *Chronic Enlargement of the Cervical Glands.* By Dr. H. J. Bigelow.—Patient, a young woman. Glands injected with tincture of iodine, by means of a subcutaneous syringe, as an experiment.

11. *Deviated Septum Nasi.* By Dr. H. J. Bigelow.—Patient, a young man. The deviation was originally so great as nearly to occlude the right nostril. Inflammation had made the occlusion complete. The nostril being dissected and opened, the septum was thrust to the opposite side, a large plug being inserted and left in place. The anterior margin of the septum, which now encroaches upon the opposite nostril, was dissected out and removed, leaving a septum of mucous membrane. Dr. Bigelow hoped little from this operation, and proposed, at a future time, to cut away the projecting septum if the patient continued to desire relief.

12. *Contraction of the Jaws.* By Dr. H. J. Bigelow.—Patient, a child, entered the hospital one year ago, with loss of the entire left cheek, by sloughing, after typhoid fever. The gums and teeth were exposed as far back as the coronoid process. The edges were pared and brought together after a long and tedious dissection, extending above the zygomatic arch, and downward upon the neck below the insertion of the tissues of the cheek into the lower horizontal margin of the jaw. The cheek, though tense, had united perfectly, by a horizontal cicatrix about three inches in length. Operation for contraction. The teeth were firmly locked, and the jaw immovable, as the result of the old and new cicatrices, so that a probe could be hardly introduced between the cicatrized tissue and the teeth. The dense tissue was gradually divided until the jaws were relaxed to admit a thin wooden wedge, by the aid of which, and other instruments, together with the successive divisions of the resisting bands as they presented themselves, the jaws at last yielded, and were separated to the extent of an inch. Dr. Bigelow remarked that with great care for months, about one-third of this advantage would probably be retained, which would be a great gain to the patient.

13. *Deep-seated Abscess, from disease of Tibia.* By Dr. Geo. H. Gay.—Patient, four years ago, while blasting rocks, received a severe blow from a fragment of stone, upon the middle of the front part of the leg, producing a compound comminuted fracture of this portion of the tibia, and a traumatic aneurism from wound of the anterior tibial artery. An operation was then performed by Dr. Gay, by cutting down and tying ends of the wounded vessel. Patient from that time did well. Seen two years ago, and a small opening and sinus leading to denuded bone were enlarged, but no loose fragments of bone were detected. Patient was not seen again until the time of operation. He reported himself perfectly well until four days before, when, without any known cause, he had severe pain, and noticed a swelling in the region of the cicatrix from the operation. Pain and swelling both increased up to the time of entrance to the Hospital. Operation: An incision was made through the skin and muscular tissue down to the abscess, which was found to proceed from a roughened, bare condition of the bone; the pus was fœtid, of a greyish brown color.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 21, 1867.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

The meeting of the Society for Medical Improvement on Monday night, Nov. 11th, was rendered memorable by the account of the last illness of one who was aptly designated by an officer of the Army as "the first civilian of New England." We feel that the scientific character of this Journal does not require us to repress all mention of that statesman so loved and honored by men of every shade of opinion, who has been recently taken from us. The relation which during the war the late Governor Andrew sustained toward our profession, permits us to mingle our grief at his loss with that of the rest of the community, and of the nation. From the first outbreak of hostilities, that paternal tenderness which he manifested for the soldier extended itself to provision for the care of those who should be struck down by wounds or by disease. Before the formation of the grand army, a volunteer commission of physicians, acting under his direction, met daily at the State House, and through their efforts the early "three months regiments" were most liberally supplied with medical stores of every kind. And it was not long before a board of medical examiners was formed, composed of men of the highest eminence, who carefully investigated the fitness of every candidate for the post of surgeon to a Massachusetts regiment. No appointment of a medical officer was made by Governor Andrew save from among those who had passed an examination satisfactory to that board. If we reflect, on the one hand, how the cause of humanity might have suffered, and what damage to the *prestige* of the profession here might have been inflicted by want of discrimination, or by personal or partizan bias in this matter; and, on the other hand, upon the general good character of the Massachusetts volunteer surgeons, together with the bright names among the living and the dead which they have placed on the roll of honor, we feel assured of our right to add our humble tribute of gratitude to the memory of the departed.

The *post-mortem* examination of the deceased revealed an apoplectic effusion more extensive than had ever before come under the observation of our most eminent pathologist. Though perhaps constitutionally predisposed to the disease, the attack might well have been deferred till after the lapse of many additional years of usefulness, but for the overtasking of the brain, during the war, when, as has been said, it did the mental work of four men. That brain and the heart which throbbed in unison with it, were spent in the cause of our national existence. None, even among the brave who fell in the carnage of the Wilderness, or on Western battlefields, better deserve the name of martyr than he to whom we give these few poor words.

A more cheerful topic engaged the attention of the Society when listening to the remarks of Dr. Bowditch, who has just returned from abroad. As his tour was made solely in quest of health, he had avoided matters medical; but had visited his "Master"—Louis—and found him, at the age of 80, "as clear in his intellect, and as warm at heart," as in former days.

As the subject of the prevention of cruelty to animals is much agitated at the present time, Dr. Bowditch's description of certain of the institutions of Paris is quite in point. From time immemorial, of the objects of curiosity to strangers in that city, the *abattoirs*, or slaughter-houses, have not been among the least. In quarters of the capital lately renovated by the present Emperor, buildings of that class have been erected on a scale truly remarkable. No animals are allowed to be slaughtered, except at these establishments; and there the *marchands bouchers*, or master butchers, hire the privilege of carrying on the business, which is subjected to the most stringent regulations. The animals are brought in blindfolded, and without violence, struck down by a dexterous blow on the back of the head with a heavy hammer sharpened on one of its sides, and rendered at once unconscious. Life is then immediately destroyed by the crushing force of the instrument, the blunt side of which is directed against the forehead. As soon as the slaughtering is finished, all the blood and other offal subject to putrefaction are removed from the building, and carried several miles out of the city, to be used for fertilizing purposes. Thus the work is carried on in the heart of the metropolis, without that offence to the nostrils which renders one of our suburban towns a place to be avoided by those who drive for pleasure.

A painful sight which meets the eye in this region, is in the guise of long lines of the shattered remnants of what once were horses, who have perhaps, when in their prime, borne themselves gallantly as the cherished steeds of appreciating owners. Now, surrendered to the tender mercies of human brutality, these living skeletons, with what flesh remains upon them, lacerated by bad usage, drag their weary limbs and wearier loads through our streets, till a lingering death relieves them of their sufferings. In Paris, albeit the gay and the wicked, they have "changed all that." Science, in one of its humanizing moods, has sought in horseflesh an economical food for impoverished humanity; and succeeded not only in this, but also in providing a way of escape for the favorite of the beasts of burden from the miseries of neglected age and disability. Scientific men, taking the initiative, have tasted of this food, and pronounced it good. Banquets of horseflesh, "served in every style," have been among the *recherché* entertainments of select coteries. And now, the slaughtering of horses and the sale of their meat, has been taken under the protection of the government, and made the subject of strict police regulation. No horseflesh is allowed to be kept where other meats are sold. Separate shops, already numbering eighteen, and having the sign *Boucherie de cheval* over their doors, are devoted exclusively to the sale of this article, to which rich and poor are fast learning not to say nay. Here the "rump," the "loin," the "round," are exposed, sausages are made, and the various uses made available, to which other "cattle" do come. In short, horseflesh serves all the purposes of what some in this land have been known to call "critter." It is afforded at about one third the price of beef.

How can so valuable an animal be sold thus low? By taking those only which are of little value or worthless for draught purposes, because of injury, lameness, spavin, or other unsoundness, which do not affect the purity of the meat. A rigid inspection prevents any others from reaching the butcher shops. Horses perishing from diseases which taint the flesh are rejected, as are also those which are found to be out of condition, or which present indications of harsh usage, in the shape of lacerations or even abrasions. Thus a premium is offered for kind or at least decent treatment of the animal. Dr. Bowditch practically tested the quality of this food, with which he was regaled in the various forms of soup, *horse à la mode*, *paté*, roast, &c. He found it but little different from beef. One point he stated with special emphasis—that, in future, after any battle where horses are slain, the suffering of soldiers from hunger, and the polluting of the air from the bodies of these animals left to rot, should be things unknown.

Chancre supervening upon Secondary Symptoms.—We translate from the *Union Médicale* the following account of a case of a chancre occurring during the period of secondary symptoms. The case was reported by M. Michaud, *interne* of the Lourcine Hospital.

K., aged 32 years, married ten years, had four years ago a vaginal discharge, symptomatic of ulceration of the uterine neck. This year, towards the end of April, she discovered on the left labium quite a hard papule, which was probably an infecting chancre. On questioning her subsequently, the patient said she had had several papules consecutively, the number of which had progressively augmented until the end of the month of June, during which period, according to her statement, she had scabs upon the scalp, and lost flesh.

The 29th of June, K. came to the Lourcine, and was seen by M. Desprès, who found numerous mucous tubercles scattered over the whole mucous surface of the labia majora, and others at the margin of the anus; also clusters of enlarged indolent glands in both groins. Cauterizations with chloride of zinc—no mercury: tonic regimen. The 20th of July, the patient came again for advice to M. Desprès. The mucous tubercles were nearly cured; but, on the upper lip there was an indurated chancre of the size of a small hazel-nut. The latter was developed in the following manner. Eight or ten days after the patient first consulted M. Desprès, she discovered at the upper extremity of a crack in the upper lip, from which she had removed a scab the night before, a small swelling, which gradually increased in size, and which scabbed anew. The 27th of July, the patient presented herself for the third time to M. Desprès. At the vulva, the only traces of the mucous tubercles consisted in white spots on the mucous membrane of the labia majora. At the upper lip, the chancre had attained the size of a franc-piece. The circular induration was well marked underneath a thin scab which covered the tumefaction. Sub-maxillary adenitis existed. Two ganglions are still swollen, and one in a state of indolent inflammation. A sub-hyoid ganglion was also enlarged, and is so still. There was a mucous tubercle upon the right tonsil.

The 22d of August, this patient entered the Lourcine Hospital during the service of M. Liégeois, when she was subjected to mercurial treatment. The 5th of September, however, a few mucous tubercles had returned upon the labia majora.

M. Liégeois, on the ground of the slightly-marked glandular enlargement, and taking into consideration the usual course of syphilis, was inclined to think that the case was one of simple mucous tubercle, taking on a peculiar character from its seat, and from contact with the air. M. Desprès, on the contrary, saw in this lesion all the indications of indurated chancre of the upper lip. In order to decide the question, this patient was to have been presented to the Academy of Medicine the 4th of September; but the programme for the day, having been very crowded, did not allow of it. Nevertheless, several Academicians, MM. Ricord, Gueneau de Mussy, and Depaul have seen her, and have not hesitated to diagnosticate an indurated chancre of the lip. M. Ricord's only doubt was in regard to the anterior existence of mucous tubercles.

[The reporter of the case subjoins the following remarks.—Eds.] It cannot be supposed that there were in one patient two indurated chancres resulting from two infections incurred at the same epoch, since at the time of the appearance of the second chancre, there remained no traces of the first. We have here a syphilitic re-infection which may be likened to the artificial re-inoculations of Wallace, H. Lee, Diday, Sperino, etc., and to the natural re-infections observed by MM. Follin, Rodet, and Diday. In a great number of these cases, and notably in the artificial re-inoculations, the indurated chancre of the second infection was remarked as showing a noteworthy diminution of the induration, ulceration, and glandular enlargement, to such a degree that the lesion was, in certain instances, only an aborted chancre. In our patient the indurated chancre is voluminous, the ulceration extensive, the induration well marked. Adenitis existed, but of moderate intensity.

On the other hand, though the experiment of the inoculation of syphilis has been successful in all the periods of its evolution, clinical observation has hitherto shown a considerable interval between two successive syphilitic attacks. Thus, in the patients of M. Diday, among whom the two infections were the least distant from each other, we find the interval to be twenty-two months on the average. In these cases, the subjects presented no traces of the first affection, at the time of the second; and, according to M. Diday, re-infection demonstrated positively the cure of the first syphilis. In our patient the indurated chancre of the lip showed itself, while the secondary symptoms were in full blast about two months and a half after the breaking out of the first infection.

Natural re-infection has given here a result not before observed, but of which artificial inoculations had demonstrated the possibility. We may, therefore, conclude, as Rollet says in his "Traité des maladies vénériennes," that the re-inoculability of syphilis is an exception, but that such exception may be observed in all periods of the disease; even at the commencement, and consequently, long before the diathesis has been effaced.

We translate the following items from the same journal.

Experiments with the Chassepot Rifle.—Doctor Sarazin, of the Faculty of Medicine of Strasbourg, took the body of a man who had died of cirrhosis of the liver, and suspended it by the neck, in close contact with a plank wall. The preparations made, Dr. Heriot, of the 14th battalion of "Chasseurs," placing himself at a distances of fifteen metres from the body, takes five shots at the subject with a Chassepot rifle—one shot at a point a few centimetres above, and a little within the anterior superior spinous process of the ilium; a second at the femur, on a level with the superior border of the patella; the third at the thigh, toward the apex of the triangle of Scarpa; the fourth at the anterior and inner part of the first; the fifth, a finger's breadth below the coracoid process. The following were the results:—

1st. With the new projectile, the diameter of the orifice of entrance is essentially the same as the diameter of the projectile itself.

2d. The diameter of the orifice of emergence is enormous, being from seven to thirteen times greater than that of the ball.

3d. The arteries and veins were cut across, retracted, gaping open; the muscles torn and reduced to a pulp.

4th. The bones were fractured to a considerable extent, and out of all proportion to the dimensions of the projectile.

In sum, the wounding capacity of the weapon is remarkably great. And it is proper to note that, having passed through the body, the projectile pierced two planks, an inch thick each, and then buried itself in the wall.

Impaludism.—Under the names of "Impaludism" (says the author of a work bearing that title), and of "paludian intoxication or infection," should be comprehended a morbid entity [?] becoming developed with varying frequency and gravity, in marshy regions cultivated poorly, or not at all, and which gives rise to affections accompanied or not with fever or intermittent action—affections without known primitive lesion. These affections may or may not be followed by secondary congestive lesions, the principal distinguishing characteristics of which are: 1st, to manifest themselves by nervous disturbances of infinite variety, and, for the most part, to be explained as an incipient neuralgia in one or more of the sensitive filaments of the ganglionic or cerebro-spinal system; that neuralgia giving rise, by reflex action, to a transient excitement of the corresponding motor nerves, followed by a numbness or even a veritable paralysis of those same motor nerves; 2d, to yield more or less readily, but often with marvellous rapidity, to the preparations of quinine judiciously administered.

Sequelæ of Intermittent Fever.—A writer in the *Journal des Connaissances Médicales* speaks of certain sequelæ of intermittent fever, manifested by bloating of the face, a clay-colored appearance of the skin, and by a swelling of the liver, these being very often followed by organic lesions. He adds that quinine being so expensive that sometimes families thus affected are obliged to do without it, resort may be had to an efficient agent, as a substitute, in the shape of alcohol, or wine which contains a large proportion of alcohol. The addition of juniper berries, or cinnamon, and warming the beverage, still further promote its success. These liquids should be administered in increasing doses, according to the age or sex, about three hours before the access of the symptoms. The intervals between the doses should not be greater than a quarter of an hour. A strong impression is thus made upon the nervous system; the heat and the pulse come up, and the skin becomes moist.

Vermont Medical Society.—The Fifty-third Anniversary of the Vermont Medical Society was held in Montpelier, October 16 and 17. After the morning business, Dr. Stiles read an appropriate sketch of the character and services of Dr. C. B. CHANDLER, of Montpelier, late a member of this Society, deceased, closing with appropriate resolutions.

Dr. Butler presented the report of a committee appointed at the semi-annual meeting, upon the subject of Criminal Abortion, &c., and recommended the appointment of a committee to present the same to the Legislature now in session and urge its adoption.

Dr. Hutchinson read an interesting paper on the Medical Springs of Vermont; giving analyses and medicinal properties.

Dr. Frost read a paper on Puerperal Convulsions.

At 4 P.M., the Society listened to an interesting address from the President of the Society, and the evening session was devoted to the discussion of Ovarian disease and Ovariotomy, by Dr. Burnham of Mass., Dr. Wolff of N. Y., and Dr. Storer of Boston.

Thursday, 9 A.M., a discussion upon *Puerperal Convulsions*, in which Drs. Frost, Russ, Bullard, Tenney, Warner, Keith, Miles, Richardson, Putnam, Hyde and others participated, relating cases occurring in their own practice.

The committee on Nominations reported the following list of officers for the year ensuing, viz: *President*, C. P. Frost, M.D., of Brattleboro'; *Vice President*, E. N. S. Morgan, M.D., of Bennington; *Secretary*, L. C. Butler, M.D., of Essex; *Treasurer and Librarian*, Charles Clark, M.D., of Montpelier; *Corresponding Secretary and Auditor*, C. M. Chandler, M.D., of Montpelier.

Dr. Janes, of Waterbury, read a paper on *Gun Shot Fractures of the Bones*, occurring under his observation in two field hospitals over which he had charge during the war.

The by-law admitting to honorary membership four members of the profession out of the State, was adopted by the Society, and Dr. Ashbel Woodward, of Connecticut; Dr. G. P. Conn, of New Hampshire; Dr. Arthur Wolff, of New York; and Dr. Walter Burnham, of Massachusetts, were nominated for election at the next annual meeting.

PROF. F. VERDUGO, an ornament of the medical profession in Spain, has just died at the age of 105 years, at Alberca, a province of Salamanca. He had practised eighty years.—*Evenement Médical.*

DR. ALDEN MARCH, of Albany, has been President of the Faculty and Professor of Surgery in the Medical College of that city since its establishment in 1838. Dr. James H. Armsby has also been Professor of Anatomy, and Dr. B. P. Staats one of the Curators, in the College during the same time.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 16th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	37	45	82
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.7	39.2	76.9
Average corrected to increased population - - - -	00	00	85.00
Deaths of persons above 90 - - - - - - - -	0	1	1

BOOKS AND PAMPHLETS RECEIVED.—A Treatise on Therapeutics and Pharmacology, or Materia Medica. By George B. Wood, M.D., President of the College of Physicians of Philadelphia, &c. &c. Third Edition. In two volumes. Philadelphia: J. B. Lippincott & Co. 1868.—Abuses of the Sexual Function. By E. P. Miller, M.D. New York, 1867.—Extra-uterine Fœtation and Gestation, and the Early Signs which characterize it. By Stephen Rogers, M.D., New York. From the Transactions of the American Medical Association.—Report of the Proceedings of the Superintendents of American Institutions for the Insane. 1867.—The Illustrated Annual of Phrenology and Physiognomy for 1868. By S. R. Wells, New York.—Then and Now: A Discourse Introductory to the Forty-third Course of Lectures in the Jefferson Medical College of Philadelphia. By S. D. Gross, M.D.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 16th, 82. Males, 37—Females, 45. Anæmia, 1—apoplexy, 2—congestion of the brain, 2—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—cancer, 1—cholera infantum, 1—cholera morbus, 1—consumption, 16—convulsions, 4—croup, 3—cyanosis, 1—diarrhœa, 1—dropsy of the brain, 2—drowned, 1—dysentery, 2—epilepsy, 1—erysipelas, 1—scarlet fever, 6—typhoid fever, 3—gastritis, 1—disease of the heart, 2—infantile, 3—intemperance, 1—disease of the kidneys, 2—inflammation of the lungs, 5—marasmus, 1—cerebro-spinal meningitis, 1—old age, 2—paralysis, 1—peritonitis, 1—puerperal disease, 1—scrofula, 1—thrush, 1—unknown, 4.

Under 5 years of age, 33—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 7—above 60 years, 15. Born in the United States, 57—Ireland, 18—other places, 7.

THE

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THE CHARITIES OF FRANCE.

[Communicated for the Boston Medical and Surgical Journal.]

A book with the above title has appeared this year, "not published," being intended for private distribution only, from the pen of Dr. ——, a name well known in Boston. It contains much valuable information, some of which might prove of general interest.

The writer remarks: the testimony of travellers, statistics and public reports show, that during the last quarter of a century, the magnitude of the improvements, the thrift, well-being and prosperity of the population of France have fully equalled those of any country on the face of the earth. The cause may be fairly ascribed to the long-continued peace, the general diffusion of education and intelligence, and a greater sense of religious obligations. Still, we know that large numbers are receiving aid, and one is led to wonder by what instrumentalities so much is accomplished, and why there is so little evidence, too, of public misery.

The first chapters describe the charities as they existed one and two centuries ago, when the Church was made the chief almoner; and from their comparative superior intelligence the males had medical and surgical charge of the hospitals, while the females of the Church had a care for the nursing. Hence the hospitals were near or attached to the church edifices. "The place of suffering and the place of prayer are both the house of God."

Many of the accepted arrangements of those days would be considered barbarous now. We can judge, too, how painful to witness, and how dreadful to bear, and more fatal, must have been the suffering before anæsthetic agents were introduced. This generation cannot realize that condition of agony, nor feel sufficiently grateful for these beneficent discoveries.

In Chapter VIII. is discussed the question as to the number of sick who can be safely admitted to any one hospital, without the risk of becoming unhealthy in itself, or a focus of disease for the vicinity. Statistics indicate nothing in favor of those hospitals with the fewest number of beds. Healthiness or mortality depends upon the crowding of the wards, their size, and their ventilation. Experience proves that small hospitals have no advantage over large ones. The hospitals of France do not compare in size with some of those in other countries. The hospital at Vienna contains 2,000 beds; that at Rome, 2,000; and that of Milan is designed for 3,400 beds, and recently contained as many as 2,800 patients.

There is so much similarity in plan and government of hospitals in the great cities of Europe and America, that it is hardly necessary to give minute details respecting such institutions in France. The writer says, the new City Hospital in Boston can hardly be surpassed for the perfection of its details.

Heating is done by hot water, by steam and hot water, and by hot air. Preference is given to the last-named mode. Ventilation is better effected by mechanical means than by open doors and windows simply, as in the London hospitals, without reference to the inconveniences and dangers from draughts of air of this latter method. In the North of France, the floors of public hospitals are washed. In Paris, they are rubbed with wax, the physicians preferring what is called dry cleaning to wet cleaning. Iron bedsteads have re-placed wooden ones, and the elastic bed the straw mattrass. It is considered more safe and cleanly to furnish all patients on entrance into the hospital with suitable clothing, and to discard their own for the time being; contrary to the American and English plan. Each patient has 14 shirts, 10 pillow cases, and 16 sheets; so that in a hospital of 100 persons, there would be necessary 1400 shirts, 1000 pillow cases, &c. So many abuses were ascertained while the washing for the hospitals was done by contract, by outside parties, that now it is done in the laundries of the various institutions, wherever it can be; where there is no laundry attached, the washing is sent to some other hospital. At La Salpêtrière alone, in 1861, were washed 3,609,368 pieces of linen. Ample provision is made for baths, the use of the warm bath being much more general, among all classes, than in England or the United States. In 1756, there were two bath tubs at the Hotel Dieu, the only provision made for bathing for the sick poor of Paris. In 1861, the number of baths furnished at the Hospital St. Louis, to poor out-door and in-door patients, was 108,817; and the number furnished, the same year, by the various hospitals of Paris was 453,981.

The administration of public relief of the poor is placed under the "Prefect of the Seine" and the "Minister of the Interior." The Minister, on nomination of the Prefect, appoints a Director; and a Board of Council is appointed by the Emperor on nomination of the "Minister of the Interior," except two Prefects. This administration gives the estimate of numbers for relief for 1865 as follows:—

In hospitals,	91,355
In hospices,	13,134
In convalescent hospitals,	752
Abandoned children in the Foundling Hospital,	542
" " placed in the country,	23,416
Registered poor,	100,000
Sick treated at their dwellings,	30,000
Total,	259,199

Hospi*tals* are for the sick. Hospi*ces* are for the aged, infirm, insane, incurable diseases, and destitute children. The hospitals are divided into two classes:—

1st. Those devoted to the treatment of acute diseases and injuries, of which there are eight, viz.:—Hotel Dieu, containing 842 beds, one of the most ancient in Europe; La Pitié, 624 beds, founded in 1612 by Mary De Medicis; La Charité, 494 beds, founded in 1606; St. Antoine, 352 beds, ancient abbey of St. Antoine; Necker, 403 beds, founded by Madame Necker in 1779; Cochin, 123 beds, founded by Mons. Cochin, a clergyman, in 1780; Beaujon, 440 beds, founded in 1780; Lariboisière, founded by Madame Lariboisière, who died in 1846, leaving a bequest of 2,900,000 francs.

2d. Those for especial diseases, of which there are eight also, viz.:—St. Louis, 853 beds, founded by Henry IV., in 1607, principally for diseases of the skin and chronic complaints; Hôpital du Midi, 336 beds, for venereal diseases of men; Lourcine, 276 beds, for venereal diseases of women; Children's Hospital, founded in 1735, with a branch in the country—St. Eugenie—425 beds; Lying-in Hospital (La Maternité), 402 beds, in the ancient abbey of Port Royal; Clinique, 146 beds, principally for lying-in patients; Maison Imperiale de Santé, 300 beds, situated in the Rue St. Denis, and occupied by paying patients.

Among these special hospitals, La Maternité is one which receives women in the ninth month of pregnancy, and cares for them until one week after confinement. The object aimed at is, to induce mothers, especially unmarried ones, to nurse their own children, and save the public thereby the expense of their support. Great success has attended this effort, since it is found, when once the mother has consented to nurse her infant, she is in little danger of abandoning it.

The Hospices are:—

Hospice for insane (men's),	854 beds.
" " (women's),	1341 "
" for old men,	1705 "
" for old women,	2790 "
Incurables (men),	427 "
" (women),	669 "
Ménages, at Issy, for aged couples, widows and widowers,	1383 "

This last charity, for aged couples, is designed "for those who, without being actually in a state of indigence, have not sufficient means to live." It is a creditable, useful, interesting charity. A part of the establishment is new, and is described as well worth seeing, for its elegance and beauty.

Besides the relief afforded by these hospitals and hospices, this administration acts as trustee of several foundations which have been established at different periods by benevolent individuals.

Then there are various hospitals, civil and military, not under the charge of this general administration, as the Imperial Maison de Santé, at Charenton, the Sourds Muets, the Quinze Vingts, and the Jeunes Aveugles. Also two prominent ones—the Asile at Vesinet for convalescent women, and the Asile at Vincennes for convalescent men. These inmates are convalescents sent by other hospitals, and retained for three weeks, in order to gain strength for a return to work.

The establishment of separate hospitals for children is found to be a great blessing. It secures for them a better moral and religious training. In chronic diseases, demanding a treatment of four, five and six years, the requirements are supplied of schools, work-shops, open grounds, air, exercise, gymnastic apparatus, &c. In America, children have separate wards; but much remains to be done in affording distinct establishments. The experiment of the late Amos Lawrence, in opening a "children's infirmary," at Boston, in 1846, was perfectly successful; and was only given up, after about two years' existence, on account of the large average expenditure for so small a number of inmates.

The "Sisters of Charity" are an important feature of, and a great advantage to, the hospital system of France For centuries these women have gained universal veneration. They have no pay; and render an amount and kind of service that could not be secured from hired attendants. Voltaire, who ridiculed everything, spared the "Sister of Charity." The principal orders are—St. Vincent de Paul, St. Thomas de Villeneuve, St. Martha, St. Mary, St. Augustin.

The book contains full and interesting accounts, too, of many other charities. Among them, the Salle d'Aisle, which corresponds to our infant school system. The Crèche, which cares for children under two years of age during the working hours of the mother. The provisions, excellent and extensive, for the care of foundlings and orphans; and of abandoned children, whose parents are known and have cared for them, but who have forsaken them and concealed their residence. Pawner's banks, a form of charity which has existed in Europe for centuries; and a new charity, founded by Eugenie, in 1862, called "La Société du Prince Imperial," which is a kind of "Poor's Man's Bank"—neither a savings bank nor a pawner's bank.

The importance of labor adapted to the strength and capacity of the inmates in many of the institutions, is now considered so essential that, in the hospices, it is compulsory. Experience has shown that suitable labor lessens the tendency to infirmities, prolongs life, promotes cheerfulness and good order, and hygienic advantages; and the little sums gained act as a stimulus, and procure luxuries of which they would otherwise be deprived. While with idleness the strength fails, *ennui* supervenes; and for those who have hitherto led a laborious or active life, the coveted inactivity is only a means of decay and death.

SURGICAL CASES.

By William Otis Johnson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Happening recently to have quite a number of cases in minor surgery on my hands, at the same time, they exacted more attention in the aggregate than they usually get when isolated, and four or five of them seemed each to possess some special feature of interest.

1. *Foreign Body in the Rectum.*—Child, æt. 6. While at stool, suddenly felt sharp pain near the outlet of the rectum, and was unable to control further and constant efforts at defæcation; unable to rise from the vessel, or bring its thighs together. After about half an hour, the mother passed a finger into the passage, and felt what she supposed to be a piece of glass. In about another half hour I found the child as described; had it placed, thighs still wide apart, in a favorable position, and removed, with dressing forceps, a spindle-shaped, jagged, hard-wood chip, one inch and a quarter long and one third of an inch wide, lying transversely within the inner sphincter, each end buried in the mucous tissue. The chip had probably been swallowed with bread.

2. *Gun-shot Wound through the Bottom of the Lung; absence of Symptoms.*—A young woman, æt. 22, was intentionally shot by a person standing about four feet behind her. Startled by the shock, but anxious to divert public attention, she walked an eighth of a mile to her lodgings, with an increasing sense of suffocation at every step. I arrived in half an hour after she was shot. Patient in bed, lying upon her back. There were dyspnœa and a dread of suffocation, when her shoulders were raised. Pain was referred to a spot between the ninth and tenth ribs, near the junction with the common cartilage. On examination, I found slight swelling and abrasion at this point. Turning her upon her right side, I found the orifice of entrance (which she felt and knew nothing of) about two inches below the point of the scapula, and so small as to admit even a probe with difficulty. Re-examining in front more carefully, I felt quite sure of the location of the ball, cut down upon and removed it. No cough or emphysema; slight dyspnœa at first. Recovery took place in two weeks.

3. *Longitudinal Cut and severing of the Radial Artery.*—Boy, æt. 14. Patient made a deep cut in the left wrist with a very sharp,

large-bladed "cloth-knife." Blood spurted in jets till faintness occurred. Bleeding was temporarily arrested by a pad bound tightly over the flexure of the elbow. He was brought to me half an hour afterwards. Wound an inch and a half long, half an inch wide at the middle, and filled by a large clot rising half an inch above the surface, and nearly solid. Removed the tourniquet, and found no recurrence of bleeding. I reduced the clot two thirds of its size by pressure with loose-textured rags, and used it as a plug instead of tying and direct union. The granulations were rapidly absorbed, and the line of connection was as fine as in direct union.

4. *Fractured Clavicle.*—Boy, æt. 8. Direct violence half an inch anterior to the middle of the clavicle. A roll of two-inch bandage, one and a half inch in diameter, in axilla, stitched to a slip of wide roller passing around the opposite side of the neck. A sling, tightened so as to keep the hand two inches above the elbow, was the only application practicable, and sufficed. Callus nearly absorbed by the twenty-fourth day. No restraint upon free and rapid motion. No deformity at that time.

5. *Replacement and Union of a detached Part.*—A. B., æt. 45, carpenter, got the outside of his left thumb against a steam-power circular saw. The thumb was cut through at the junction of the first and second phalanges; the latter thrown back and held by a shred of skin, like a hinge, and the metacarpo-phalangeal joint of the forefinger cut across—without displacement, however. The detached end of the thumb was replaced and held in position till I saw him, fifteen minutes afterwards. Against his desire, I thought best to incur the risks of attempting union, but told him of them. Three sutures steadied and held the parts, which were carefully dried (not washed) and covered with lint. Thin splints, as in fracture, and a bandage were applied. Union perfect, and the only inconvenience is a stiff joint.

Boston, November 16, 1867.

PISTOL-SHOT WOUND OF THE FOREHEAD.

To the Editors of the Boston Medical and Surgical Journal.

THE following surgical case may be interesting to your readers, as it is illustrative of the extraordinary tenacity of human life.

A young officer, Herman W. Libjencrantz, 1st Lieut. Co. D, 103d Regiment U. S. Infantry, was, on the 24th day of December, 1865, severely wounded while on duty in Georgia. The wound was caused by a pistol-shot, the ball entering the forehead just above the nose, half an inch nearer the right eye than the left, and nearly between the eyes. There was little hæmorrhage from the wound, but from the eyes, nose and ears the blood flowed profusely. A common silver probe was passed directly into the brain its whole length without finding the bullet, and a considerable portion of brain escaped, perhaps three teaspoonfuls.

The Lieutenant was totally insensible five days, confined to bed six weeks, unable to move, during this time either unconscious or delirious, and no expectations were entertained of his recovery. After this time he rapidly gained strength, and seems now not to suffer from the effects of the wound, although the ball yet remains in his head. I am of the opinion that it passed entirely through the brain, and is now in the opposite side of the head from the point of entrance.

WARREN M. BABBIT, M.D.,
Late Surgeon 103d U. S. Infantry.

Randolph, Mass., Nov. 15, 1867.

NOVEMBER, 1867.—At the request of Lieut. Libjencrantz, I have examined his head, and make the following statement:—He has a small scar, with depressed bone, over the frontal sinus. Since his recovery, he has been subject to attacks of an epileptiform nature, twenty or more in number, during which he is completely insensible for about fifteen minutes. The attacks, at first occurring at intervals of about two weeks, are now somewhat rarer, and preceded by a sense of apprehension and "stupidity," and by a numbness of the left hand. He is otherwise, as he says, well.

HENRY J. BIGELOW.

REVALENTA ARABICA.

[Translated from the Journal Illustré for the Boston Medical and Surgical Journal.]

I SHALL perhaps greatly surprise your 500,000 readers by informing them that all the diseases which afflict humanity may be cured by powdered beans and lentils; for the marvellous Revalenta Arabica, the universal panacea, which "absorbs and eliminates all which is diseased in the system, and restores to perfect health the stomach, nerves, lungs, liver, glands, bladder, kidneys, brain, blood and mucous membranes," is nothing else than the flour of these substances.

Some ten years since, the manufacturer of the revalenta was convicted for selling goods under a false name; the judge deciding, "You deceive the public in leading them to believe that the Revalenta Arabica is a precious remedy, obtained from a distant country, while it is merely the flour of beans and lentils."

This was admitted by the house of Du Barry, in a law-suit which they have recently lost. They had sent to Austria 187 boxes of their merchandize, at the low rate of freight charged for provisions; but the railroad company, regarding the goods as being what was claimed for them, an article for the benefit of the sick, demanded the ordinary rate for transportation. The house of Du Barry then declared that the famous revalenta was only a mixture of lentils and beans, and therefore entitled to be carried as provisions.

Thus lentils and beans, according to the announcement of the virtues of the revalenta, cure all diseases, including "deafness, paralysis, gout, epilepsy, and even melancholy"—which, perhaps, explains why school-boys, who are such large consumers of beans, are so gay!

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Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY P. O'M. EDSON, M.D., OF ROXBURY, ASSIST. SEC.

A STATED quarterly meeting of the Norfolk District Medical Society was held at Dedham, Nov. 13th, 1867, at 10, A.M. The President and Vice President being absent, Dr. Alden, of Randolph, was chosen Chairman *pro tem.*

The records of the last meeting were read by the Secretary, Dr. Jarvis, of Dorchester, and were approved.

Dr. Arnold, of Roxbury, read a paper upon Acupressure, giving a clear and succinct description of its methods, and the uses to which it may be applied. These he illustrated with large diagrams, and exhibited the various instruments employed. Paper on file for publication.

Dr. Robinson, of Roxbury, showed a specimen of necrosed bone which he removed from the femur, October 19th, 1867. The patient, an officer, was wounded at Coal Harbor, Va., in June, 1864, and had his thigh amputated immediately after, at the lower third. The stump healed kindly, but on the following October he fell upon the end of it, and necrosis of six or more inches of the os femoris was the result. The entire shaft was involved; and, when first seen by Dr. Robinson, the bone protruded about an inch, and the whole of the remainder was enveloped in a large cylindrical mass of callus. By careful manipulation, strong torsion and traction, the patient being completely etherized, the bone was liberated and removed. Very little hæmorrhage followed its removal. Patient slept well the following night, has had no subsequent trouble, and is now doing well.

Dr. Robinson also exhibited a breast which he had removed a few days previously, for scirrhous cancer. The tumor involved the gland, and had already become ulcerated. The skin adhered to the diseased mass. No disease in axilla. Severe hæmorrhage occurred the day previous to that of the operation, but it was controlled by compression. The whole gland removed. Cancer cells shown by microscope. Patient doing well; wound healing.

Diphtheria; Tracheotomy; Death three days after the Operation, and fifteenth day of the Disease.—Dr. Campbell, of Roxbury, reported the case.

The patient was a boy, 11 years of age. Membrane appeared on the third day of the disease, with swelling and tenderness of the tonsils and cervical glands. Membrane at first extended from the fauces to the nostrils, and afterwards descended to the trachea. There was albuminous urine and hæmorrhagic spots on the hips about the tenth day; prostration was not marked at any period, and the pulse counted about 100, and regular till near the end. Intellect was clear to the last, when he died very suddenly. The treatment consisted at first in the use of weak gargles of hydrochloric acid and water; and as the membrane became detached and fœtid, chlorated gargles were used, and saturated solution of chlorate of potash, inhalations of steam, and insufflation of finely powdered alum. The general treatment consisted in the use of tincture of muriate of iron, chlorate of potash, quinine, stimulants, and food.

Tracheotomy was performed to meet an urgent call, and for a time gave hopes of recovery. After the operation, as the disease became developed in the bronchiæ, calomel, in doses of two grains every two hours, was used, for the purpose of modifying the exudation; but all to no purpose, the patient dying next day. He thought diphtheria a disease akin to erysipelas, and that the throat symptoms were not the disease, but only one of its manifestations.

Dr. Faulkner, of Jamaica Plain, thought the local treatment in this case had been sufficiently active—more active than he would feel warranted in employing; he was in the habit of trusting to much less active local treatment—such as simply removing anything that lay in the throat, or interfered with respiration—but he relied on general support. He thought the patient would be fatigued rather than benefited by the too frequent use of gargles. The history indicated that the blood was already in a very poor state, contra-indicating the use of calomel. He *never* used calomel in such cases.

Dr. Alden, of Weymouth, thought that some of the older members of the Society would not fear the effects of two grains of calomel every two hours.

Dr. Tucker, of Stoughton, remarked that two grains every two hours would be be twenty-four grains in twenty-four hours, which he thought too much for a child of that age.

Dr. Robinson, of Roxbury, asked how long Dr. C. had continued the calomel, and if he had gained the effect desired.

Dr. C. answered, that it was continued twelve hours, and seemed to produce the desired effect, but did not save the patient.

Dr. Maynard, of Dedham, asked if there was any change, favorable or otherwise, as the quantity of albumen increased or diminished.

Dr. C. said there was some change for the better as the albumen became less abundant; but, again, as the disease increased, no urine could be obtained, so that nothing satisfactory could be said on that point.

Dr. Maynard then asked if there was any relation between the calomel taken and the albumen in the urine, as calomel is said to produce albuminous urine.

Dr. C. said that it was abundantly present before the calomel was administered.

Dr. Burgess, of Dedham, said he would like to hear the opinion of the members concerning tracheotomy in such cases.

Dr. Alden said it was often done, and he thought it a justifiable proceeding.

Dr. Stone, of Walpole, spoke of Dr. Campbell's remark, that diphtheria seemed to be a disease akin to erysipelas; and cited a case in his own practice in which well-marked diphtheria terminated in an attack of erysipelas.

Dr. Holmes, of Milton, reported a rare and interesting case of acute atrophy of the liver, with a reference to Herrick for a perfect description of the disease. A very careful autopsy and microscopic examination were made by Dr. John Homans, Jr., of Boston, who will publish the case hereafter.

Dr. Tucker, of Stoughton, read a paper, detailing briefly the history of several fatal cases occuring in his practice, and giving the *post-mortem* appearances found in each. ——'s father and grandfather had died of cancer. He first complained of severe pain in the hip which he attributed to rheumatism. Afterwards entering the Massachusetts General Hospital he was treated for disease of the hip joint, but went home without relief. One consulting physician thought there was a deep-seated abscess—others not. An attempt was made to evacuate the pus, but it failed. After suffering greatly for three weeks the patient died. *Post-mortem* examination discovered an abscess containing five ounces of pus lying immediately upon and around the head of the bone. Dr. Tucker believed that the patient would have recovered if the abscess had been opened sufficiently early. He next gave a history of three cases of intussuception occurring in children, and all within one year. The prominent symptoms were, severe pain in the abdomen, with local tumefaction, tenesmus and discharges of blood all coming on suddenly, and terminating in death within forty-eight hours from the beginning of the attack. These symptoms were so nearly identical in all the cases that, having ascertained the exact condition of things in the first case by a *post-mortem* examination, he did not hesitate to declare the second and third cases like the first. An autopsy in each case confirmed his diagnosis, showing several inches of invaginated intestine. He agreed with the suggestion made several years since by Dr. Stimson, that opening the abdomen would be a justifiable operation for the relief of such cases, but thought that, before resorting to so severe an operation, he would invert the patient, as is sometimes done in reducing a hernia, and knead the abdomen thoroughly. He thought that in most cases the diagnosis would be sufficiently positive to warrant abdominal section, and that the greatest difficulty to be overcome in the operation would be that of separating the invaginated parts, though in none of the cases he had just reported were there any adhesions between the two portions of the intestines involved.

Dr. Tower, of Weymouth, said he had seen one case, which he supposed was one of intussuception, and thought he should use injections of air into the intestines should he have occasion to treat another case.

Dr. Alden, of Randolph, thought all manipulation and all attempts to procure relief nearly useless, because of the extent of the intestine implicated and the likelihood of its becoming fixed in its unusual situation.

Dr. Wing, of Jamaica Plain, spoke of the difficulty of diagnosis as a reason why abdominal section should not be resorted to, and cited a case which had been regarded by eminent physicians as one of intussusception, but which proved to be one of inflammation resulting in the sloughing of the cæcum and appendix vermiformis, two or three baked beans being found in the latter.

Dr. Tucker continued his paper. In 1840, J. M., age 29, complained of intense neuralgic pain in the left side of his head. This continued in spite of all efforts for his relief, for eight or nine months when he died. There was found in left ventricle of the brain a fleshy tumor the size and shape of a robin's egg, and connected with the floor of the ventricle by a thread-like process an inch in length.

In May, 1844, saw a girl, six years old, who had all the symptoms of severe disease of the brain. The pupil of the right eye was much more dilated than that of the left. Under treatment the child seemed to grow better until she appeared quite well, and remained so for a month, though the pupil of the right eye remained much dilated. After the lapse of a month severe symptoms appeared again, and death quickly followed. The right ventricle of the brain was found to be greatly distended with fluid.

Dr. Tower, of Weymouth, read an elaborate and interesting report of a very complex case whose history and prominent symptoms were well calculated to baffle the best diagnostic skill. The patient, aged 68, had been active in business until a short time before applying for assistance, 23d October, although he had suffered for several months from dyspeptic trouble and from constipation for which he had been in the habit of using cathartics. There was distress after eating, which was relieved by vomiting. The bowels were full and hard, but no tumor was discovered. Complained of nausea and a peculiar "sinking" at the stomach. Malignant disease suspected.

Oct. 27th.—The general fulness of the abdomen having subsided, there was discovered and defined a pulsating tumor, a little to the left of the median line and just above the umbilicus. The tumor was thought to be an impaction of fæces, and the pulsation to be due to the impulse of the abdominal aorta upon which the tumor was lying. Insufflation of air was tried, but gave no relief.

Nov. 1st.—There was stercoraceous vomiting, and death soon followed. *Post-mortem* examination revealed a scirrhous growth surrounding and nearly closing the pylorus. This growth was small, and could not have been the tumor felt before death. The abdominal aorta was found to be symmetrically dilated. Dr. T. gave an analysis of the symptoms and their relation to the pathological changes found. (Paper on file for publication.)

Dr. C. E. Stedman, of Dorchester, gave a very brief history, all that could be got, of a case occurring in the practice of Dr. E. D. Miller. Mrs. V., aged 50, had been well, except from occasional flooding, but had suffered much mentally from the loss of a son in the army. On Monday, she was able to do some washing, though not well. On Tuesday, when Dr. Miller saw her, she had had some urinary trouble, with pain in inguinal region; a little tenderness; no swelling; no rigor; pulse quiet and regular. Took oil, which operated on Wednesday. Saturday, was better; no pain; no tenderness. Monday, had an intermittent pulse; no abdominal tenderness, but pain in cardiac region and dyspnœa; mind clear; died suddenly.

Autopsy, by Dr. Stedman, 36 hours after death. Body well nourished. Rigor mortis well established. Adhesions, and softened tubercle, size of a chestnut, at the summit of the right lung. Left lung healthy. Heart normal; pericardium filled with six ounces of amber-colored fluid. Odor, upon opening abdomen, exceedingly offensive. There was much pus and sero-purulent matter to be seen in the posterior part of the abdominal cavity. The lower portion of the intestines had a blush upon them. They did not have their usual shiny covering. Lymph increased in quantity till, near the bladder, pus appeared in thick layers on coils of the intestines. Pelvis filled with pus. One quart and a half of purulent matter was removed from the abdomen. The vermiform appendix was found apparently detached, semi-gangrenous, and containing a bit of fæces the size of a common bean. The serous coat of the neighboring intestines was highly inflamed, and the main reservoir of pus seemed to be in the areolar tissue over the iliacus and psoas muscles. The mucous membrane of the intestines looked healthy, as did the kidneys.

Dr. Alden gave a brief history of the circumstances of the death of Dr. Stone, of Sharon, who died Aug. 27th, 1862, æt. 69 years. Aug. 20th, he was as well as he had been, and took his dinner as usual. Soon after dinner, he had severe pain in the region of the gall-bladder, but was able to visit a patient. At 10, P.M., he was bled, and took calomel and an enema. Next morning, the agony was intense; extremities cold; skin clammy; vomited. Died at 9 o'clock. The contents of the intestines were found in the abdominal cavity, into which they had made their way through a ruptured sac or pouch four and one half inches in length. He could not say whether the pouch was congenital or not, nor whether it was made up of the usual layers constituting the intestinal tube.

Resolutions were passed signifying the desire of the Society that the physicians of Roxbury may retain their connection with the Norfolk District Society, after the annexation of that city to Boston.

A Committee reported a subject for discussion at the next stated meeting—"Standard of Medical Education"; accepted.

The Censors reported that they had examined and admitted Dr. John W. Chase, of Dedham.

Dr. Asahel S. Deane, of Wrentham, late of Fall River, joined the Society.

At 1, P.M., the Society adjourned.

Bibliographical Notices.

Elementary Anatomy, in twenty Plates, presenting the full-length Human Figure, half the size of Life. Together with a separate Explanatory Text. The whole forming a Complete Manual of Physiological Anatomy. From the French of Bourgery and Jacob. The text translated by J. C. Comstock, A.M. Hartford: Kellogg & Bulkeley. 1867.

No anatomical plates have ever been published so complete in beauty and accuracy as those of Bourgery and Jacob. Their great cost, however, has kept them out of the libraries of all but the most wealthy of our profession. The present edition is an attempt to bring them within the reach of physicians of moderate means. Most of the plates represent the human figure in full length of half the natural size. Although done in lithograph, they favorably recall the elegant French originals, and the coloring, though hardly equal to that of the French plates, is sufficiently good—far better than could have been looked for at the moderate price for which they are sold. In the most important features, the accuracy of drawing and anatomical detail, the specimens which we have seen appear to be exact copies of the originals. The whole set of twenty plates cost, uncolored, twenty dollars; colored, forty dollars. If the whole series answers to the promise of the specimen numbers, it will be the cheapest anatomical work of so comprehensive a character that can be bought. The text accompanying the plates will form a handsome printed volume of more than three hundred pages. We strongly recommend it to the attention of physicians and students. (James Campbell is agent for its sale in Boston.)

Photographs of Skin Diseases, taken from Life, under the superintendence of Howard F. Damon, M.D., &c. Boston: James Campbell.

In this work Dr. Damon has attempted to give, by photographic representations, a faithful likeness of some of the forms of cutaneous disease. It is obvious that without color it must be quite out of the question to convey a just idea of many of these affections; but so far as their peculiarities consist in definite forms of eruption or change of texture of the skin, such a counterfeit presentment may give a very good idea of them. In those which we have seen, Dr. Damon has been entirely successful in these particular points. The photographs are very well executed by A. H. Lincoln, 556 Washington St., under his superintendence; and the fact that they are mirrored likenesses of the originals makes them of more value than any, except the most expensive colored plates of skin disease, with which we are acquainted.

Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh; Formerly Lecturer on the Practice of Physic, Physician to the Fever Hospital, &c. &c. Emeritus President of the Royal Medical Faculty of Edinburgh, and Member of numerous Scientific and Medical Societies in Europe and America, &c. Fifth American, from the Fourth London Edition. With five hundred and thirty-seven Illustrations on wood. New York: William Wood & Company. 1867.

The Clinical lecturers are doing the most at the present day for the advance of practical medicine. Among the most philosophical and sensible of his class stands Dr. J. Hughes Bennett. He is no mere theorizer, but supports his opinions on a firm basis of statistics which cannot be gainsaid. Witness his admirable Essay on the supporting (not the stimulating) treatment of Pneumonia, with its triumphant results in comparison with those of the old antiphlogistic and depressing methods. We are inclined to think that the latter methods have been clung to with more tenacity by the generality of physicians in Great Britain than in the United States, where the expectant method with slight modifications has prevailed of late years to a considerable extent.

In the present edition of this work Dr. Bennett has introduced some new considerations on the subject of General Therapeutics, with refer ence to the natural progress of disease, the knowledge derived from an improved diagnosis and pathology, the fallacy of the change of type theory, together with an inquiry into our present means of treatment, and the proposition that physiology and pathology are the true foundations of medical practice.

A large number of cases is given in illustration of the various subjects treated, and the wood-cuts, although not in the highest style of art, are most of them important aids to the text. The volume concludes with a good Index, and as a whole contains in its ten hundred and twenty-two pages more sound medical philosophy, and more information with regard to the most advanced opinions on the subjects discussed than in our judgment can be found within the same compass elsewhere. We know of no book on the subject of Clinical Medicine which we can more cordially recommend to undergraduates in medicine than this.

A Biennial Retrospect of Medicine and Surgery, and their allied Sciences. Edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes and Dr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston.

In these days of mental activity there is no way for a medical practitioner to pretend to keep up with the progress of ideas in his profession without resorting to publications like the subject of this notice. Neither Braithwaite nor Ranking make it superfluous, but each contains matter which the other could not find room for. The contents of the present handsome volume are in the form of Reports by the different editors. Mr. Power gives the report on Physiology; Dr. Anstie on Practical Medicine; Mr. Holmes on Surgery; Mr. Windsor on Ophthalmic Medicine and Surgery; Dr. Barnes on Midwifery and the Diseases of Women and Children; Dr. Fagge on Medical Jurisprudence, and also the report on Materia Medica, and General Therapeutics, and the report on Public Health. The names of these gentlemen are a sufficient warrant that the work assigned to them has been well done. We are glad to observe a fuller recognition of the labor of our own countrymen than is usual in similar English works. The work is very handsomely printed and is supplied with a copious Index.

Injuries of the Eye, Orbit, and Eyelids: their Immediate and Remote Effects. By George Lawson, F.R.C.S. Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and to the Middlesex Hospital, &c. With numerous Illustrations. Philadelphia: Henry C. Lea. 1867.

Prof. Fick, of Zürich, commences the preface to the second edition of his Medicinische Physik, published in 1866, as follows: "By a peculiar concatenation of accidental events, there has come to pass a curiosity in the history of education, the tenacious continuance of which will be an enigma to future generations. I mean the system, existing in nearly the whole civilized world, which demands of those who wish to devote themselves to medicine, an exact knowledge of Greek and Latin, but not a solid mathematical training, and yet the latter is properly the only possible safe foundation of medical culture.

In fact, processes of movement of material masses in space and time, maintained and changed by the mutual action of these masses upon each other, constitute a subject-matter of medical science. But the only scientific form of investigating and representing such processes is, as we know, the mathematical."

However it may be as regards the truth of this very interesting quotation, and whether it be prophetic or not of future changes in preparatory medical education, it is yet apparent that medical science of to-day presents two aspects ; the one looking to truth for the sake of classifying and explaining known facts and of assistance in the discovery of new ones ; the other contemplating an equally important object, the practical application of knowledge to the cure of diseases. To the interests of the latter more immediately useful branch of medical science the book under notice is especially devoted. It is an 8vo. of 408 pages. The eleven chapters treat of matters, as follows :—Chap. I., Superficial Injuries of the Eye ; II., Injuries to the Eye from Burns, Scalds, and Chemical Agents ; III., Penetrating Wounds of the Eye and other Injuries of the Cornea and Iris ; IV., Traumatic Cataract ; V., Capsular Opacities and Dislocations of the Lens ; VI., Foreign Bodies within the Ear ; VII., Traumatic Intraocular Hæmorrhage and Rupture of the Globe ; VIII., Gunshot Injuries of the Eye ; IX., Sympathetic Ophthalmia ; X., Injuries of the Orbit ; XI., Injuries of the Eyelids. These subjects are treated in a very clear, able and instructive manner ; so much so, that we do not hesitate to consider it a very useful book for the profession generally, and especially for those who may be consulted more frequently in similar cases. In fact, any ordinary commendation would be within the limits of its just merits. Following the above chapters are an "Abstract of the Surgical Report of the Royal London Ophthalmic Hospital, Moorfields, 1866," some test-types, said to be corresponding to those of "Edward Jäger of Berlin" (instead of Berlin, it should read Vienna, as indeed in the English edition) ; finally, a copious Index. The mechanical execution of the book is hardly inferior to that of the English edition ; altogether, it is a very acceptable addition to American reprints. H.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 28, 1867.

ARTIFICIAL RESPIRATION IN CASES OF DROWNING.

The announcement in the daily papers of deaths by falling through the ice, brings forcibly to mind the subject of artificial respiration among the means to be employed in the attempt at resuscitation in such cases. Marshall Hall's, or the Sylvester method (the latter, in our opinion, the better of the two), are mainly relied upon at the present time to accomplish this purpose. A melancholy occurrence a few miles from Boston, a short time since, in which three young persons lost their lives by drowning, prompted a correspondent, Mr. C. W. Spofford, of Groveland, to suggest to us what he thinks would be a valuable aid in such instances to the other methods employed. He advises the use of pliant rubber or leather discs, such as are used by boys for lifting weights, under the name of "suckers." These discs, well softened in water if of leather, are to be applied to both front chests and used in expanding the thoracic walls during the forced inspiration, the introduced air being expelled by gentle pressure during expiration. The experiment is well worth trying as an accessory to other methods having the same object in view. As yet, its efficacy has not been tested. There is a contrivance which is sometimes used as a movable handle for pulling out table-drawers, consisting of a piece of soft rubber, with a drawer-knob at the back, which would probably answer very well for the purpose.

All of these methods of setting in motion the function of respiration, after its suspension by drowning or by any other agency, are defective, however, and unsatisfactory from their insufficiency. A simple test of this any one may try upon himself, by simply attempting to carry on respiration in his own person by expanding his chest to the fullest extent possible by either the Hall or Sylvester method, and allowing the small quantity of air thus introduced to escape in expiration, continuing the process without any other effort than that employed in these methods. He will find, however, that the *besoin de respirer* soon becomes intolerable, and can only be satisfied by a long, full, diaphragmatic breath, which relieves him of his discomfort.

The defect, then, in these various methods is that they do not accomplish enough. They overlook the fact that the diaphragm is the great muscle of respiration, and that the quantity of air introduced by the elevation of the parietes of the chest stands in relation to that drawn in by the contraction of this muscle in the proportion of 3 to 10 or 12. It is to direct inflation, then, that we must look for the most effective means of reëstablishing suspended respiration.

The proper method of performing this is by the introduction of a tube into the nostril of the asphyxiated person, the nose being tightly compressed against it by the thumb and forefinger of one hand, while the other is placed over the mouth to prevent the escape of air. Air is to be gently blown in from the mouth of the operator until it thoroughly fills the lungs, which is easily accomplished without any great effort. The air is then to be allowed to escape by the natural contraction of the walls of the chest, aided by moderate pressure over the base of the chest. The process should be repeated at the rate of ten or twelve times a minute. A clean pipe-stem of sufficiently large calibre, or a quill, is a convenient instrument for the purpose.

It is to be remembered that the lungs in a state of asphyxia are in the condition of those of a dead body; all the air has left them that the rigidity of the chest permits. In common respiration, the lungs are by no means thus thoroughly emptied. According to physiologists, only from 10 to 13 per cent. of the air in the chest is drawn in and expelled in each act of respiration. In the act of drowning, the last thing observed is the escape of the *residual* air as it bubbles to the surface of the water. Of course it is important, in establishing artificial respiration, to imitate as closely as possible the conditions and the processes of nature. By insufflation the lungs are fully distended, and are thus brought as nearly as possible into their natural condition, whereas in the Hall and Sylvester methods only one quarter as much air is introduced, and absolutely none to replace the residual air. It is important to remember, also, in this connection, that it has recently been discovered, that the vitalizing process is carried on much more fully and completely in slow and full respiration than when the same quantity of air is inhaled by short and rapid breathing.

In these few remarks we have confined ourselves wholly to the consideration of the means of reëstablishing respiration in cases of asphyxia; of course, the well-known methods of restoring animal heat are not to be neglected. We are indebted for some of the considerations which we have offered to a recent interesting article in the *Archives Générales de Médecine* by Dr. Marchant, Physician of the Imperial Veterinary School at Alfort.

The late Dr. Robert Watts.—At a meeting of the students of the College of Physicians and Surgeons, New York, held in the Hall of the College, Oct. 18th, 1867, the following preamble and resolutions were adopted:—

Whereas, We, the students of the College of Physicians and Surgeons, have heard with sincere regret of the death of our late Professor of Anatomy, Dr. Robert Watts, and whereas we ever found in him an able and efficient instructor, a true and sympathizing friend; therefore, be it

Resolved, That while we would ever recognize the will of an All-wise Providence, we deplore the death of one so eminently qualified by rare mental attainments, and by the naturally pleasant traits of his character, for the position, the duties of which he so long and faithfully performed.

Resolved, That we tender our heartfelt sympathy to the family of the deceased, and would comfort them with the assurance that he has left behind him many enduring fruits of a useful and well-spent life.

Resolved, That as a tribute of respect to the memory of our late Professor, we as a class attend his funeral, and wear a badge of mourning for thirty days.

Resolved, That a copy of these resolutions be sent to the family, and also that they be published in two of the New York daily papers and in two of the leading medical journals of the United States.

FRANK W. ROCKWELL,
JOHN J. PRENDERGAST, } *Comm.*
WILLARD PARKER, JR.

Phosphate of Soda in Small Doses.—In a paper published in the *Edinburgh Medical Journal*, Dr. William Stephenson, Extra-Physician to the Royal Hospital for Sick Children, highly extols the virtues of this salt in small doses, in cases of intestinal trouble in young children. In the case of an infant four months old, brought up on artificial food, a pinch of the phosphate, given in each bottle of milk, converted its white, chalky-looking evacuations to a natural, healthy condition in twenty-four hours. Dr. Stephenson availed himself of his opportunities in the Childrens' Hospital to experiment somewhat extensively with this salt in similar cases, four or five grains being administered each time. We quote the following passage:—

> The class of cases for which it was ordered were wherever, from an unhealthy character of the motions, the visceral secretions seemed to be abnormal. The first point that became apparent was, that in a great majority of cases where the color of the stools was abnormal the natural yellow appearance was restored. This was the only appreciable result in many cases; but, at the same time, it was observed that some forms of diarrhœa at once yielded to its action. Several cases of chalky motions, similar to the one narrated, have been treated with the same beneficial results; and now, in this disorder, I have entirely discarded gray powder, and rely on the phosphate alone. Thus far, an action on the liver is clearly indicated, which becomes confirmed by the result in the following cases of jaundice.

A number of cases are given in detail, showing the efficacy of this salt in an irritable condition of the bowels, even in adults. In conclusion, Dr. Stephenson says:—

> It may be given continuously to the youngest and most delicate children with perfect safety, and, in so prescribing it, we are giving a salt of the greatest importance to the general economy when absorbed. It promotes a healthy secretion of bile, and of itself can aid in the assimilation of fatty matters. In regarding the cases where it is indicated, one cannot but be struck by the similarity which exists between its action and that often sought by the administration of gray powder "in alterative doses." As a rule for its prescription, I am in the habit of telling my students, that wherever their minds suggest the ordering of hydrargyrum c. creta as an "alterative," they should try first the phosphate of soda. The advantage of the latter over the former, where it has to be continued for some time, is patent to every one. Where the purgative effect, however, is desired, the former is to be preferred.
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> * * * * *
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> The cases for which I now recommend it are chiefly the following:—
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> In infants who are being artificially reared, and who are liable to frequent derangement of the bowels; also where the phosphatic elements in the food seem deficient, or where articles of food rich in phosphates, such as oatmeal, disagree; where, from the character of the motions, there is deficient or defective secretion of bile. It is thus of service in cases of chalky stools or white fluid motions. I have also found it of service in many cases of green stools. In diarrhœa, generally, it is more difficult to distinguish this class of cases. In simple diarrhœa, such as we frequently meet with in the summer months, I have not found it of much service alone, although it may be of use when given in combination with other remedies. It is chiefly in that class of cases which are more properly termed duodenal dyspepsia that it is of benefit. Diarrhœa after weaning is generally of this nature, and the cases are often chronic, or of some weeks' standing—the mother generally having exhausted her own and the nearest druggist's resources before applying for advice. It is also of service in some cases where the diarrhœa is due to some general cachexia.
>
> In adults it has relieved constipation when taken in drachm doses in the morning. I have seen benefit also derived from it where there was a feeling of fulness and sometimes pain in the epigastrium some hours after taking food. In one case of phthisis, the patient said he always felt lighter and better when he took it after his food. I cannot but associate its action with the recorded success derived from the use of the hypophosphite of soda in phthisis; and I am inclined to conjecture that this remedy is to be found beneficial in cases where duodenal dyspepsia is well marked, and that the good results are due to the aid in the assimilation of fatty matter. To theorize, however, is easy, but not always of advantage, and I prefer to leave the matter for further observation.
>
> The doses in which I generally prescribe it are, for children, from 4 to 10 grains in the food, and for adults, from 20 to 40 grains dissolved in water, and taken after meals. I have several times observed, that when given in too small quantities it had not the same effect.

The Sexual Relation in Marriage.—We find, in the *Buffalo Medical and Surgical Journal*, a singular dissertation reported as read before the Buffalo Medical Association, by Dr. H. M. Congar, the object of which is to show, that the majority of uterine disorders are caused by sexual excesses. The author then attempts to define what is sexual excess, and in a somewhat labored argument, based mainly on the old Jewish law, arrives at the following ten laws, which he satisfies himself primitively governed what he calls "matrimonial amours."

> 1. Parties of both sexes, on entering first marriages, should invariably be virgins.
> 2. After marriage, the only legitimate incitement to matrimonial amours, is desire for offspring, under divine guidance.
> 3. The most thorough bathing of the whole persons, and a full change of night

apparel and body linen should invariably and at once follow every seminal emission, nocturnal and diurnal, and every season of amorous fruition.

4. No sexual intercourse is allowable for three days, at least, prior to all important and characteristic Christian public services.
5. No amorous fruition is allowable during the menstrual periods.
6. No amorous fruition is allowable during the seven days succeeding the cessation of each menstrual flow.
7. No sexual intercourse is allowable during the entire period of pregnancy.
8. No amorous fruition is allowed during the first thirty-three days after the cessation of all lochial discharges which follow the birth of sons.
9. No amorous fruition is allowable for the first sixty-six days after the cessation of all lochial discharges which follow the birth of daughters.
10. The husband and wife may demand of each other amorous duty and privilege, whenever sanctioned by the second, and not interdicted by the fourth, fifth, sixth, seventh, eighth and ninth of these laws.

Any departure from these rules the author regards as excess.

The Buffalo Medical Association passed a vote of thanks for the paper.

Simple Contrivance for a Nasal Douche.—Mr. Christopher Heath describes, in the London *Lancet*, an ingenious and cheap substitute for the various more or less elaborate and expensive forms of apparatus that have come into use of late for syringing the nasal passages. Mr. Heath describes it as follows:—

The apparatus I employ is simply a stout India-rubber tube five or six feet long, with a perforated metal weight at one end, so grooved that water can pass through it when standing on a flat surface. At the other end is an ordinary gum-elastic enema nozzle, which may be perforated with more than one hole if preferred. The whole arrangement was contrived by Dr. Rasch as a vaginal douche, and described by him in the Obstetrical Transactions. * * * * An ordinary ewer being filled with tepid water, the weighted end is dropped into it, and the tube "payed in" for two or three feet. The ewer being then raised upon a chest of drawers, or some convenient elevation, the patient squeezes the tube in the water, and draws it over the lip of the ewer, when, being converted into a syphon, the water immediately begins to flow along it. Perfect control can be exercised over the water by the pressure of the finger and thumb, whilst the patient places his head over a basin and inserts the nozzle into his nostril. On permitting the flow of the water, a stream is immediately established between the nostrils so long as the mouth is kept open; and the current can be reversed, arrested, or diminished with the greatest readiness.

The immediate relief to both the patient and his friends by simply washing out the nostrils in this manner, in a case of ozæna, is very remarkable. Not long since a young woman suffering from this affection told me that she had lost a situation on account of the offensive odor she exhaled, and begged for a certificate that she would be no longer offensive to others. In this case, on the first use of the tube, enormous pellets of stinking matter came away; and by the subsequent use of a disinfecting lotion she was rendered perfectly comfortable.

The simplest disinfectant is the permanganate of potash; and, in mild cases, this will often effect a cure. More active chemical solutions can be employed in suitable cases; and it is by no means necessary to employ large quantities of these, since, as pointed out by Dr. Rasch, by compressing the end of the tube whilst full of water, it can be transferred to a small vessel holding the lotion, and will still act as a syphon.

Secretion of Bile.—At the recent meeting of the British Association for the Advancement of Science, Dr. Hughes Bennett, the Chairman of a committee which had been investigating the amount of bile secreted in health and after the administration of mercurials, made a report. The experiments had been conducted on dogs.

Professor Bennett gave the results of four series of experiments as to the amount of bile secreted with and without mercury. In each case the weight of the animal was ascertained, a fistula formed, the amount of food ascertained and analyzed, and the secretion of bile for twenty-four hours measured, and its solids and salts ascertained. Tables were exhibited, in which the results arrived at were estimated in relation to each kilogramme of excrete and of food. The greatest variations were found to exist in the amount of bile secreted daily, independently of the amount of food or other obvious cause. The same fact was observed when mercury was given. No conclusions, however, were drawn, as further researches were required before so intricate and difficult a subject could be sufficiently investigated.

Annual Report of the Massachusetts Charitable Eye and Ear Infirmary.—From the Forty-second Annual Report of this institution, dated September 30th, 1867, we obtain the following statistics:—

Whole number of patients, 3918. No. of patients with disease of eyes, 3017; No. of patients with disease of ears, 901. Males, 2057; females, 1861. No. of patients admitted into infirmary, 338—males, 181; females, 157. There have been 247 operations, of which those for the relief of cataract numbered 36; of which 29 were successful, 5 undetermined, and 2 unsuccessful. Of the 29 recorded as successful, a table gives the amount of vision for distance in 22—all of them could read ordinary type, but in 7 the exact result for distance is wanting, the patient having left before an opportunity was afforded for examining the vision.

DR. J. V. C. SMITH, formerly of Boston, and Dr. J. H. Griscom, of New York, are the successful competitors for the "Prize Essay on the Physical Signs of Longevity," for which $500 was offered some time ago by the American Popular Life Insurance Company. The essays of the gentlemen were so good that the Committee could not determine which was the better, and the prize was awarded to each.—*Medical and Surgical Reporter.*

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 23d, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	51	51	102
Ave. mortality of corresponding weeks for ten years, 1856—1866	40.9	38.7	79.6
Average corrected to increased population	00	00	87.98
Deaths of persons above 90	0	0	0

BOOKS AND PAMPHLETS RECEIVED.—Surgical Operations and Appliances. By Philip S. Wales, M.D., U.S.N. Philadelphia: Henry C. Lea.—Seventy-first Annual Report of the Boston Dispensary.—Twelfth Annual Report upon the Births, Marriages and Deaths in the City of Providence, R. I., for the year 1866. By Edwin M. Snow, Superintendent of Health and City Registrar.—Transactions of the Medical Society of the State of Pennsylvania, at its 18th Annual Session, held at Pittsburg, June, 1867.

COMMUNICATIONS RECEIVED.—Milk Sickness.—Improved Midwifery Forceps.—Cases of Scarlatina.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 23d, 102. Males, 51—Females, 51. Accident, 3—apoplexy, 1—disease of the brain, 2—bronchitis, 4—cancer, 1—consumption, 17—convulsions, 2—croup, 4—diarrhœa, 1—diphtheria, 4—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 10—typhoid fever, 1—gastritis, 2—disease of the heart, 6—infantile, 2—disease of the kidneys, 1—congestion of the lungs, 3—inflammation of the lungs, 7—marasmus, 4—measles, 1—old age, 1—premature birth, 8—scalded, 1—scrofula, 2—suicide, 1—teething, 1—tetanus, 1—tumor, 1—unknown, 6.

Under 5 years of age, 53—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 81—Ireland, 14—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. HENRY J. BIGELOW.—NO. VIII.

Aneurismal Varix. Ligation. Ligation of Common Carotid. Recovery.

Reported by Henry H. A. Beach.

[Communicated for the Boston Medical and Surgical Journal.]

S. B., æt. 23. This patient, a young lady of delicate appearance and organization, entered the hospital May 1st, 1867.

When about five years of age, fell and struck her head upon a sharp knife, producing an incised wound of about half an inch, above the superior border of the zygomatic process of the temporal bone and over the temporal artery, probably wounding it, with the vein, there being considerable hæmorrhage at the time, which was checked by direct compression, though without the assistance of a surgeon. Very soon after the wound healed, a pulsating tumor, of the size of a pea, appeared at the point of injury and gradually increased, unaccompanied with pain, until about last March. From that time until May its growth was rapid. Upon examination, Dr. Bigelow stated:—"At the point described, the elevation is about three quarters of an inch above the surface, with a heavy thrill and pulsation, and to the ear a continuous roar. The pulsation and thrill extend over a surface of about three inches and a half in vertical diameter, and two inches transversely, at the broadest point. The tumor is found to consist of tortuous and pulsating veins, the largest of which is of the size of the little finger. These are supplied with blood by the temporal artery, which seems to be more than one quarter of an inch in diameter. The communication between these vessels is free, both at the point of puncture and at their periphery. Compression of the carotid, or at the punctured point, causes a diminution in the size of the tumor, but at the same time greatly enlarges the surrounding veins by obstructing the return of venous blood. It also produces dizziness and a sensation of distress."

Operation.—Patient was etherized. A ligature was placed beneath the carotid artery, below its bifurcation, to control the circulation. The veins were found generally enlarged, requiring some care in reaching the vessel. A straight incision of four inches was then made over the long axis of the tumor, through the integument, and the two flaps dissected from the pulsating surface. Two long, curved needles were passed transversely beneath the pulsating mass—one, half an inch below the superior border, and the other the same distance above the inferior border, after having been entered between the flap and the tumor, at the point where the dissection was discontinued; leaving half of an inch of each needle exposed, and over the reflected flaps of both sides. Compression was now applied by a stout ligature describing a figure of eight over each needle and between the two needles. Even this procedure failed to arrest the pulsation at the periphery. The ligature which had been placed beneath the carotid artery was therefore tied, leaving the tumor still pulsating a little at its upper part. The wound in the neck was closed by five sutures. Cold-water dressing. Diet of oatmeal gruel and milk. Opiate when indicated.

May 5th, 8, A.M.—Pulse 108. Complains of slight sore throat and pain about wound of face. 2, P.M.—Slight oozing of blood from wound of face. 8, P.M.—Comfortable. Pulse 90, regular, and a little stronger in the right than in the left radial.

6th.—Still complains of pain about wound of face. Urine is drawn by catheter. Right cheek and eye slightly swollen.

7th, 1, A.M.—Nurse reported hæmorrhage from wound of face. The bleeding vessel was tied. Wound left exposed to the air. 6, A.M.—Quite restless with pain about wound of face. Pulse 72, and weaker. ℞. Tr. opii gtt. xxx. 2, P.M.—Very comfortable. Edges of wound of face are red and swollen. Tongue slightly coated. 8, P.M.—Pulse 144, but regular and of good strength. "Throat is not so sore." Suppuration has commenced in wound of the face. Strangulated portion is of a dark-blue color.

8th.—Pulse 132, and stronger.

9th.—Pulse 130. Both wounds are discharging freely.

10th.—Pulse 120. Passed a comfortable night without an opiate.

11th.—Pulse 140, regular, but not so strong as yesterday. There is oozing of blood from wound of face upon slightest exertion. Sutures removed from wound of neck. 7, P.M.—Pulse 144, regular, but considerably weaker. Restless. Has pain in head and throat. Extremities getting cool. Countenance anxious and expressive of distress. ℞. Tr. opii gtt. xxx., now. Strong beef-tea in such quantities as she can bear without nausea. Heaters to feet. 9, P.M.—Sleeping quietly. Pulse 130, regular and stronger. Skin hot and dry.

12th, 6, A.M.—Comfortable. Pulse 130, weaker. 10½, A.M.—Hæmorrhage from three separate points in wound of face, which was checked by local application of liquor ferri subsulphatis. Pulse 135, weaker. Continue beef-tea. ℞. Tr. opii gtt. xxx., now. 5, P.M.—

The pulse had now become so small as to give rise to serious apprehension. Integument of cheeks erythematous, with itching and slight induration. Has slight pain in wound of face. 7½, P.M.—Nurse reported hæmorrhage from wound of face. Upon examination, it was found proceeding from six different points, accompanied with a very weak pulse, so rapid that it could not be counted; skin pallid and cool. The hæmorrhage was checked with difficulty by compression and application of liquor ferri subsulphatis. Dr. Bigelow was called, and until he arrived (in twenty minutes), stimulants were freely administered, but with so little effect that it was not deemed by him judicious to etherize her for the following operative measures.

Operation.—Dr. Bigelow removed, with scissors, the whole strangulated mass, including needles, dried coagula and ligatures, tied the bleeding points, and applied direct compression, by means of sponges soaked in liquor ferri subsulphatis, to the whole raw surface. The administration of stimulants was continued, the temperature of the apartment kept at 70° F., head of bed raised five inches, and heated sand-bags applied to extremities, until her pulse could be counted, at 1 o'clock, A.M., of the 13th, 200. 6, A.M.—Pulse stronger. No more hæmorrhage. 8, P.M.—Pulse 144, stronger and regular. 10, P.M.—Pulse 168, weaker; extremities cool. The administration of strong beef-tea and brandy was continued.

14th, 3, A.M.—Pulse 144, stronger. No pain. 5, A.M.—Pulse 135. Integument about wound of head swollen and indurated.

15th, 7, A.M.—Pulse 144, regular, and of good strength. Good appetite. Asks for ale, with ice. Six ounces of ale. 12, M.—Pulse 150, strong and regular. More swelling about wound of face. Complains of sore throat. 7, P.M.—Pulse 150. Very comfortable, with exception of sore throat.

16th, 7, A.M.—Pulse 144, full and regular. Free discharge of pus from wound of face. Passed a comfortable night. 7, P.M.—Pulse 132.

17th, 7, A.M.—Pulse 132. 4, P.M.—Pulse 144, full and regular. Slightly delirious. Discontinue opiate. 8½, P.M.—Pulse 160, full and strong. Still delirious. Apply heaters to feet and compress wet with cold water to head.

18th, 7, A.M.—Slight epistaxis; checked by local application of solution of tannic acid in water—gr. x.—℥ i. 7, P.M.—Pulse 120. Skin moist and warm. Free discharge from wound of face, with fœtor. No delirium.

19th.—Compression removed, displaying a fresh granulating surface, which fully occupied the area of the former pulsating tumor. Pulse 120. Good appetite. Simple water-dressing to wound of head.

20th.—Pulse 114.

29th.—Improvement in every respect since last report. Wounds look well and discharge freely. Ligature of the carotid removed.

June 13th.—Pulse 120, regular, and of good strength. Good appetite. Both wounds still discharge freely, healthy pus, and are gradually closing. ℞. Tr. ferri chloridi, gtt. v. ter in die. Steak, chop, eggs, &c., for diet.

21st.—Up and dressed for the first time.

26th.—Granulations of the wounds are pale. ℞. Ferri et quiniæ citratis, gr. lxxx.; syrupi, ℥ ss.; vini Xerici, ʒ viiss. M. ℥ ss. ter in die.

29th.—Is gaining strength rapidly. Wounds are slowly closing. Allowed to go home and continue treatment.

23d.—Has continued to improve, both in strength and appearance, since last report. Only a small portion of each of the wounds remains unhealed. Appetite good. Takes moderate exercise daily.

Aug. 29th.—Has gained strength since last report. Wound of neck has entirely healed. That of the head has a small granulating surface of about one inch long by one 'quarter of an inch broad. Omit prescription of June 25th, and take of Blancard's pill (iodide of iron) one, night and morning. ℞. Olei morrhuæ ʒ ij. ter in die.

Oct. 1st.—Has gained twenty-seven pounds since July 1st. Wound has nearly healed.

28th.—Wound has entirely healed. The patient says:—"My general health is much better than before the operation." There is no deformity nor pulsation; the scar on the head is covered with the hair, and that of the neck is easily hidden by the collar. There is partial paralysis of sensation in the supra-orbital, superior maxillary and inferior maxillary regions of the right side of the face.

RECENT CONTRIBUTIONS TO THE ANATOMY OF THE TYMPANUM.*

By J. Orne Green, M.D.

[Communicated for the Boston Medical and Surgical Journal]

The dermoid layer of the tympanum is merely a continuation of the dermoid covering of the external meatus, which, at the external ear, contains all the elements of the cutis in full quantity, but gradually loses some of them as it proceeds inwards, and possesses the others in diminished supply, so that the layer becomes thinner and thinner as we examine from the outer ear towards the central point of the tympanum; the thinnest part is that a short distance from the hammer. Around the hammer itself this layer apparently becomes thicker; but, as we shall see, this thickening is due to a collection of fibres separate from the dermoid layer, which descend in considerable quantity from the upper wall of the meatus.

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* Anatomisch-physiologische Studien uber das Trommelfell und die Gehörknöchelchen. Von Dr. Josef Gruber, Docent der theoretischen und pratischen Ohrenheilkunde und Ohrenarzt des k. k. Allgemeinen Krankenhauses in Wien. 1867.

By carefully preparing a tympanum under water, beginning from the inside and gradually removing the different layers till nothing but the dermoid layer remains on the glass, it is found that a band of connective tissue exists, which begins on the upper periphery with a basis of $1\frac{1}{2}'''-2'''$, and extends downwards on each side of the hammer till it reaches its lower end; that then the fibres separate, and some pass centrifugally into the dermoid layer, while the greater part pass round the umbo and unite with the fibres on the opposite side. This band of fibres contains the vessels and nerves supplying the tympanum, and also serves to bind a formation of cartilage which has heretofore escaped observation.

The hammer, throughout that part which is united to the tympanum, is imbedded in that membrane only to one third of its width, while the other two thirds are covered merely with the mucous membrane; this membrane apparently serving only to retain the hammer in its position. If, now, the hammer is removed by cutting through the mucous membrane along the neck and handle and then drawing the membrana tympani away, it is found, as a rule, that there is but an occasional and slight union between the hammer and membrane, which allows the two to be easily separated as far as the umbo; here, however, the union is found to be quite firm. On a tympanum so prepared can be discerned, either with the naked eye or by the touch, that exactly on that part corresponding to the small process and the handle, the membrane is more rigid than in its other parts and must contain other tissue elements. By a magnifying glass, it is seen that here is a cartilaginous formation having a distinct form, namely, that of a deep gutter closed at the upper end, and so forming, as it were, a cartilaginous cap for the small process of the hammer, while the other end is open, becomes more and more flattened, and loses itself gradually in the substance of the membrana propria. The whole form of this cartilaginous formation corresponds with the hammer, and individual peculiarities of the latter are also to be found in the cartilage; for instance, where the small process is but slightly developed the cartilaginous cap is found to be shallow, and *vice versâ*. Sometimes, but not always, there is the appearance as if the upper part of this cartilage, corresponding to the small process, was connected with the lower part, corresponding to the handle, by connective tissue. The best view of this cartilage is to be obtained in transverse sections, which show that the cartilage is thickest and most perfect, i. e., composed of the largest and finest cartilage cells, at the upper end, while at the lower end the cells are smaller and imbedded in a great measure in the fibres of the membrana propria. By separating these fibres, the cartilage cells can be found nearly one millimetre deeper than the deepest point reached by the handle of the hammer. Dr. Gruber has found this formation not only in human tympana, but also in those of the horse, cow, sheep, pig, fox, hare, rabbit, dog, mouse, cat and rat.

On the anterior surface, the cartilage is lined with a thin layer of connective tissue, between which and the hammer a certain amount of synovial fluid is found. The space in which this fluid is contained begins on the rough part of the neck of the hammer (the spina) and continues some distance down the handle; it is usually most conspicuous on the anterior surface. In those cases where the hammer is separated from the cartilage with difficulty, which must be considered a pathological condition, this layer of connective tissue is even then found between them, showing that the two are never united directly together. The hammer has then the following position; above, attached by ligament to the roof of the tympanic cavity, and below, at the umbo, firmly to the tympanum, while the small process and the outer thirds of the surfaces of the handle lie free in a synovial fluid. Here we have all that is necessary to allow a rotary movement of the hammer in the direction of its long axis; and instead of the union of the hammer and tympanum being a rigid one, as was supposed, it is possible for certain parts of the hammer to move without the tympanum itself taking any part in such movement.

The tympanic cartilage is attached to the tympanum in a very complex way—by the band of connective tissue belonging to the dermoid layer which descends from the upper wall of the meatus, as previously described; secondly, by the fibres of the membrana propria which are inserted into it; and, thirdly, by connective tissue belonging to the cartilage itself, which descends from the upper part of the annulus tendinosus. The deeper fibres of the dermoid layer connect the cartilage with the tympanum, while the side fibres pass partly towards the periphery and partly unite the free edges of the cartilage with the surfaces of the hammer. The fibres from the annulus tendinosus run from the posterior upper end of the tympanic ring obliquely forwards and downwards, and are in this direction more tensely stretched; as soon as they reach the lower end of the neck of the hammer, they turn in circular bands around the cap-shaped end of the cartilage, which they partially cover outwardly, so that while they serve above for a uniting band between the hammer and annulus tendinosus, they also serve to bind the hammer to the cartilage around the base of the small process. Some slight bands of these fibres also pass towards the anterior and posterior segments of the tympanum, so that in the neighborhood of the hammer a ligamentous apparatus is formed which serves to fasten the cartilage in the tympanum, to unite it with the hammer, to strengthen the tympanum and to conduct the vessels and nerves.

The radial fibres of the membrana propria are inserted, not as usually described, on the hammer itself, but on the tympanic cartilage: viz., the fibres of the lower half of the tympanum on the lower part of the cartilage, and those of the upper half on the upper part, except that in the extreme upper portion of the tympanum, on a spot more than a millimetre in diameter, the radial fibres are greatly diminished in quantity or entirely wanting, which explains why, after applying the air-douche in some cases, small, glistening projections are seen; for the tissue, being here thinner, is blown outwards, and small bladders of air are formed. These circular fibres, which in their course reach the cartilage, are inserted into it in the same way as the radial ones, only a very few of them being inserted on the hammer itself. A small number, however, are inserted neither into the cartilage nor the hammer, but seem to run, as von Tröltsch says, over the small process and before the neck.

While, heretofore, the membrana propria has been described as consisting of radial and circular fibres only, we find now that a third course of fibres are described, which, rising from the upper segment of the annulus tendinosus, run obliquely downwards towards the median line and on both sides of the tympanic cartilage, and so cross obliquely the course of both the radial and circular layers. They are to be found best developed in the posterior segment of the tympanum, and lie, as can be seen by careful dissection, outside of the radial and circular layers, and next the dermoid covering.

Still another formation in the tympanum is described by Dr. Gruber, which he names the ramifying fibres. By carefully removing the whole dermoid layer and the epithelium of the mucous membrane from the tympanum, these can be seen by a very slight magnifying power, and from their form and position they apparently play an important part in the physiology of the tympanum. This hitherto undescribed tissue consists of bands of fibres varying in size and shape, scattered irregularly over the whole surface of the membrana propria, but always to be found in the greatest quantity on the posterior segment. They take their origin from several small masses of fibres like the roots of a tree; these soon run together, form a band of variable width and length, and soon separate again into a number of smaller bands, which are gradually lost in or assimilated with the fibres of the membrana propria. The peripheral ends of these bands are situated on the inner surface of the membrana propria, and only covered by the mucous membrane, while, as they run towards the centre, they pass outward, and are to be seen between the circular and radial layers. These fibres are of the same nature as those of the membrana propria, namely, connective tissue, and probably serve to help the tympanum return to its normal position when too much stretched, either by the pressure of air or by muscular action. All these different layers of the tympanum are connected together by a delicate connective tissue.

The tensor tympani muscle, instead of being inserted, as von Tröltsch says, on the inner border and neck of the hammer, inserts part of its fibres on the inner border, while the larger part are inserted on the upper portion of the handle, directly under the chorda tympani; and what Toynbee describes as the tensor tympani ligament is nothing more than the mucous membrane which covers all the parts within the tympanic cavity, and which, coming from the processus cochleariformis, surrounds the tensor tympani muscle like a sheath, and from it is distributed over the inner surface of the tympanum.

From what has been said of the insertion of the hammer in the tympanum, of the insertion of the ligament of the tensor tympani muscle in the hammer, and from the direction of the muscle itself, it is evident that during contraction not only will the tympanum be drawn inwards and stretched, but the hammer will rotate on its long axis, and the posterior surface of the handle will be turned outwards. An inspection of the articulating surface of the head of the hammer confirms this view, for it will be found that this describes a spiral from above and outwards, downwards and inwards, "running obliquely from the median line (externally) downwards over the posterior surface of the head, and forming a part of the median surface (internally) with its lower end." It is very probable that if such a movement of the hammer was from any cause excessive, the incus, and finally the stapes, would be moved, and consequently an influence exerted on the fluid contents of the labyrinth.

Gruber's experiment shows this movement very satisfactorily; having exposed the tympanum externally, and the musculus tensor tympani in its bony canal, so that it can be seized with forceps, the tympanum and small bones being left in their normal position, a needle with a straight bristle attached is drilled into the small process perpendicularly to the plane of the tympanum. Now by drawing on the muscle, it is seen that the end of the bristle, which must describe the same movement as the small process in an exaggerated degree, describes the arc of a circle from backwards, outwards and upwards in a direction forwards, downwards and inwards, showing that the hammer not only is drawn inwards by the contraction of the muscle, but also turns on its longitudinal axis. The pathological appearances also point to the same result, as in secondary shortening of the muscle (Politzer) often more of the posterior surface of the handle than of the outer border of the hammer is to be seen in examination, and the outer border is drawn towards the anterior wall of the meatus. The two segments of the tympanum are differently affected by this contraction of the muscle, the posterior becoming nearly a plane surface, while the anterior is relaxed and becomes concave.

Several of the new formations here described are to be seen in the examination of patients, and it is also now well established that other anatomical parts previously considered invisible are occasionally to be seen, the knowledge of which is necessary to explain occasional appearances on the tympanum. The oblique fibres from the outer meatus are often to be seen in examination of patients with catarrh; for the tympanum being drawn inwards, and the hammer turning on its long axis, this band of fibres is stretched, and becomes visible as a yellowish white line coming from the posterior upper wall and passing forwards and downwards towards the small process of the hammer. The fibres which serve to fasten the tympanic cartilage are often visible as yellowish white lines running downwards and backwards nearly to the middle of the tympanum; these were formerly considered to be the outer edges of the different parts of the hammer. It is not infrequent to see the edges of the niche of the fenestra rotunda as a grayish spot on the tympanum, and, if that membrane is very transparent, the descending process of the incus appears as a white line behind the handle. Occasionally the union of the incus with the head of the stapes is to be seen, and very seldom indeed one side of the stapes. The anterior and posterior folds of the tympanum, first described by Dr. Gruber as an important diagnostic point in the drawing inwards of the membrane in catarrh, run forwards and backwards from the small process of the hammer, and become more developed the greater the prominence of the small process. They are formed in a perfectly natural way by the small process pressing the expanded membrane before it, as would be the case in pressing at any one point on a tissue tensely stretched. If the small process is very prominent, a superior fold also is formed, and it is by no means unusual to see all three on the same tympanum.

Only by an exact knowledge of the minute anatomy can the appearances found in disease be explained, and Dr. Gruber, in these recent "studies," has already cleared away much that was misty in aural surgery.

Vienna, October, 1867.

TREATMENT OF NASAL CATARRH.

By W. W. Gardner, M.D., of Springfield, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

The treatment of catarrh has been heretofore so generally a matter of temporizing that our medical bank in this respect is nearly bankrupt of ideas or facts. Undoubtedly this condition results from the unwillingness of patients to submit to means necessary for a radical cure, so long as they can get relief from "dry ups."

Recently, the introduction of the "nasal douche" has opened anew the field of investigation, and with hopeful prospects of adding to our knowledge of the treatment, and perhaps to the pathology, of the disease. My observations, while using the douche the past year, lead me to believe that the fœtor attending catarrh, and often its continuance, depends upon the retention of decomposed and dried mucus and pus in some of the fossæ of the nose or pharynx. The following case is selected for illustration.

Mrs. P., aged about 25 years, married, four months pregnant, primipara, commenced treatment for catarrh March 1st, 1866.

History.—Catarrh commenced in infancy; fœtor often so offensive as to exclude her from society; discharges from the nose and throat very profuse.

Present Condition.—Pharynx, velum and palate uniformly congested; discharges of variable colors—green, yellow, white and bloody—and quite offensive to smell; also of dry scales, varying in size from a few lines to an inch in diameter, and two or three lines in thickness, of a greenish-gray color. These scales were dry upon one surface and moist upon the other, with purulent matter. When these scales came off by "hawking," they would get into the pharynx, and often produce vomiting.

At first, I commenced the use of the douche, with an ounce of the chloride of sodium in a pint of warm water, washing the nose out once in four days, but after a few sittings the interval was shortened to one day. The patient occasionally omitted the douche a week, and at one time nearly three weeks. Sometimes, as much as a gallon of the salt solution was carried through the nose, and even then it would occasionally fail to remove the dry scales; but generally they were ejected by the patient within an hour after using the douche. Ammoniæ muriat., gr. viij. to a pint of the salt solution, was added during the later days of treatment.

Shortly after treatment commenced, improvement was manifest; the moist secretion changing from green to yellow, and then white, and lessening in quantity. The dry scales diminished in size and consistence, and became lighter in color, until they ceased wholly. May 26th, nearly three months after the douche was first used, the patient declared herself well, and was discharged. Since that time, with the exception of attacks of acute catarrh, which the douche immediately controls, she has had no further trouble.

I think it reasonable to infer that pregnancy in this case favored constitutional changes in the system necessary or conducive to recovery, but I do not believe that the dry scales would have come away rapidly enough to admit of healing of the surface from which they were cast off unless the douche had been employed.

I have used the douche with the salt solution, to which from five to ten drops of tincture of capsicum were added, in acute catarrh; and when within twelve hours from the commencement of the attack, it has been uniformly successful, either in promptly arresting the disease or greatly modifying it. Warm new milk is a pleasant substitute for salt, and more soothing. When the fœtor is troublesome, I have added from five to twenty grains of permanganate of potash to the salt solution; and Dr. G. L. Stebbins, of this city, informs me that he uses Labarraque's solution with good success in such cases.

In some cases, where there is a flabby condition of the mucous membrane, bitter tonics, particularly "muriate of hydrastia," seem to assist in improving the symptoms better than astringents. In all instances, the constitutional treatment of my cases has been such as the patient seemed to need, without reference to the catarrh.

In obstinate cases, I have used the vapor bath and the wet sheet with success; and in a few cases emetics, with prolonged nausea, and hot foot-baths, which seemed to start the patient towards recovery, who before their use remained at a certain stage a long time without change.

In some cases the throat syringe is essential to remove the scales and mucus from the Eustachian tube and the deep fossæ above it in the pharynx. In a few instances of this character, in cases of catarrh of the tympanum, hearing has been improved from one to twenty inches at one sitting.

In cases of congestive retinitis, where the ophthalmoscope shows the membrane like fine pink velvet upon which a mixture of milk and water had fallen, attended with photophobia and complicated with sclerotico-choroiditis posterior, I have had all the symptoms and signs, except the myopia, change for the better at once; and so great was the benefit in these cases that I use the douche in all catarrhal inflammations of the eye or the lachrymal apparatus.

In some cases of catarrh where the mucous tissue is greatly thickened, where the turbinated bones are changed in character, where ulceration has become a habit, it requires faith and perseverance to succeed; but my experience warrants me in saying to the profession, that but few cases are incurable, if physician and patient will as carefully and persistently continue the means as they do in cases of ordinary acute diseases. It needs faith to infuse enthusiasm in your patient, and without it one will have dull work and very likely a failure.

Bibliographical Notices.

Watson Abridged: a Synopsis of the Lectures on the Principles and Practice of Physic, delivered at King's College, London, by Thomas Watson, M.D., Fellow of the Royal College of Physicians, late Physician of Middlesex Hospital, &c. Abridged from the last English Edition. With valuable Additions, by J. J. Meyler, A.M., M.D. Philadelphia: published by the Author.

The character of this little volume is best given in the author's own words:—"The principal object," he says, "that induced the making of this abridgment was to afford young practitioners, who are often at a loss what to do on their first 'sick call,' and country and other physicians, whose numerous professional duties prevent them from consulting more extended works, a convenient and expeditious means of reference in their daily rounds. Another, but no less important object was to supply medical students, during lecture seasons, with a ready means of reading over, in a few minutes, the various subjects treated of in his daily lecture by the Professor in Practice."

The young practitioner on his first "sick call," would hardly inspire his patients with confidence in their physician if he had to carry a mentor under his arm to supply a defect of memory, or to clear up his doubts about treatment. Furthermore, our younger brethren usually have leisure enough in their own studies for a more thorough consultation of medical authorities than such a small volume as this can give them, in cases of doubt or great responsibility. We have much sympathy for that "fearful looking for" of cases, with which a beginner dreads the appearance of some rare or obscure form of disease, lest he should be entirely at a loss what to do for it. Nevertheless, it is much better for him in such an emergency to rest upon general principles, and as sure a diagnosis as he can make up out of the sum of his previous knowledge, taking care at least to do no harm to his patient, rather than to lean upon such a prop as this.

The second class of readers for whom this book is intended may find it a useful companion, to jog the memory withal, or in the hurry of overwork to supply for the moment the place of a fuller research. For medical students, to be used in the way indicated, we think it may answer an excellent purpose. It is needless for us to say, that the original work, of which this is an epitome, is one of standard authority, its venerable author being at the present time, if we mistake not, the President of the Royal College of Physicians, and the acknowledged head of the medical profession in England. His work may be said to be the first of the modern books on Theory and Practice, in which a successful attempt was made to give to medical teaching the attraction of an agreeable literary style. The example was a most valuable one, and has been followed in numerous instances since with immense advantage to students. Matter and manner, body and spirit — we cannot, under present conditions, make either available without the other. Too much of the medical literature of the past is simply inert, for the want of the animating spirit which an agreeable literary style alone can give.

Massachusetts General Hospital.

[Surgical Operations for the weeks ending November 23d and 30th. Reported by C. B. PORTER, M.D.]

1. *Lipoma of Back.* By Dr. H. J. BIGELOW.—Patient was a young man. This tumor, situated between the right scapula and spine, was of the size of a large cocoa-nut, had existed for ten years, and of late had been rapidly growing. It was excised, and parts united by sutures.

2. *Tumor of Breast.* By Dr. H. J. BIGELOW.—The patient was a large, stout, married woman, 61 years of age. The tumor had existed one and a half years, and presented, upon examination, a hard, rounded mass of the size of a closed fist, occupying the region between the mammary gland and the axilla. It was attached to the gland and surmounted by several enlarged glands in the axillary space. The tumor was excised, with the whole of the breast from which it sprung, and the enlarged axillary glands were then removed. The wound

thus left, which was of unusual size, bled freely—some eight or ten vessels requiring ligatures—and was closed by sutures.

3, *Operation for Deformity of Ankle-joint.* By Dr. S. Cabot.—Patient, an adult male, fell, eighteen months before, from a mast of a ship, at sea, striking upon deck, producing compound fracture of both humeri, and driving the bones of the right leg through the foot. He was treated at sea, and recovered with the foot anchylosed at an obtuse angle with the leg, the toes pointing strongly downward. He was unable to walk upon his foot on account of severe pain in the ball of the great toe and ankle-joint. *Operation.*—The patient being etherized, a semi-lunar incision was made over the inside of the tibia, just above the internal malleolus, and a wedge-shaped piece of bone nearly the whole thickness of the tibia removed. The fibula was then exposed by a similar incision on the outside, and the bone sawed through. Sufficient force was then applied to fracture the remaining posterior wall of the tibia, and the foot brought to a right angle with the leg. The wounds were brought together by sutures and dressed with lint wet in a solution of carbolic acid, and the leg placed upon a Goodwin splint.

4. *Enchondroma of Finger.* By Dr. H. J. Bigelow.—The patient, a carpenter by trade, 28 years of age, had an enchondroma of fourteen years' growth, of the size of a horse-chesnut, growing from the first phalanx of the left forefinger on its inner side, a smaller mass occupying a similar position on the distal phalanx. After learning the liability of this disease to recur locally after excision, the patient decided to submit to the removal of the finger, which was amputated at its metacarpal articulation by the oval method, and the head of the metacarpal bone was subsequently removed obliquely with the forceps.

5. *Fistula in Ano.* By Dr. S. Cabot.—Patient, an adult, had been operated upon before entrance to hospital, but unsuccessfully. The fistula was laid open and stuffed with lint.

6. *Perineal Section.* By Dr. H. J. Bigelow.—This patient, an adult, had been troubled with stricture for many years. The stricture admitted with difficulty a No. 3 bougie, and had resisted various treatment, including dilatation and internal incision. The bladder was now becoming diseased. *Operation.*—The patient was placed in the position for the operation of lithotomy, Syme's staff having been previously introduced. An incision being made through the perinæum upon the staff, the stricture was divided and a probe introduced, by the side of which an elastic catheter was guided into the bladder. It entered, however, but a few inches, and as no urine could be made to flow through it by pressure as usual above the pubes, it was suspected that the catheter had become occluded, or that perhaps it had not entered the bladder; it was therefore withdrawn, and as it seemed to be free was again introduced, with similar result. An examination by the rectum now showed that the catheter was actually in the bladder, which was, however, thickened and so contracted that while it admitted the catheter but a few inches, it contained little or no urine. The catheter was secured in place by adhesive straps, as usual, to the penis, beyond which it projected some four or five inches. Dr. Bigelow remarked that while the bladder could be readily reached in a short time, as in the present case, where the stricture admitted a staff, yet in other frequent cases involving a small and irregular stricture, the operation required great care and deliberation, with cautious dissection; the chief points of the operation being—an incision exactly upon the median line; equal traction upon the two sides of the incision, so that while the parts are drawn neither to one side nor the other, the dissection, sometimes deep, shall be fully exposed to the eye of the operator; a single clean incision of the urethra, to be insured by holding the knife in place when once entered upon the staff in front of the stricture, until the lips of the urethral wound can be seized and held apart, so that the edges of this wound shall not be hacked in the endeavor to find it again if the orifice be once lost by the withdrawal of the knife. He also directed attention to the importance of exactly dividing the stricture, however irregular and small, through its entire length, and of dividing none of the tissues between the stricture and the bladder.

7. *Tumor of Breast.* By Dr. S. Cabot. Patient was a married woman, aged

34 years. Tumor had existed one year, and was about the size of an orange. There were numerous enlarged glands in the axilla. The tumor, with the breast to which it was attached, was excised, and the enlarged glands carefully dissected out. The bleeding vessels being tied, the wound was closed by sutures.

8. *Tumor of Forearm.* By Dr. H. J. Bigelow.—Patient was a negro, who had received a blow upon the radius above the wrist, two years before. Being in the cavalry service, the use of this, his sword arm, had gradually developed a concentric tumor on the substance of the radius, some three inches in diameter. Fistulous openings, discharging pus, had existed in this tumor about eighteen months. Dr. Bigelow stated that, notwithstanding the existence of these fistulous openings, the unusual size of the tumor led to the conviction that it was not simple necrosis, but something in the nature of transformed tissue, either malignant or benign. The patient desired an exploratory operation, but would not submit to an amputation at present, were it deemed necessary. The interior of the tumor, when explored by the finger through an incision, was found to be occupied by firm and ragged masses of bone, like some volcanic scoriæ. No soft material could be procured for examination, but the lesion was supposed to be an exceptional form of malignant disease.

9. *Urethral Stricture.* By Dr. H. J. Bigelow.—Patient was a male, aged 33 years. The stricture, of traumatic origin, was of one and a half years' duration. Patient suffered great pain in the region of the bladder and perinæum, and had frequent micturition. The stricture, which admitted a very small bougie, was so sensitive that its examination was deferred until the patient should be etherized for operation. The bladder was so inflamed that for months the patient had been compelled to void his urine every half hour. The patient was brought into the theatre for the purpose of performing perineal section, but the stricture proved to be so short and brittle that a series of bougies were successively introduced into the bladder, and a No. 9 catheter was left in place in the urethra, to protect the lacerated surfaces until they should be themselves protected by lymph.

10. *Re-amputation of Leg.* By Dr. H. J. Bigelow.—Patient, a male, aged 28 years, had had his leg amputated three and a half years before, for wound, on the battle-field. He has never been able to wear an artificial leg, on account of great pain in stump. There was an ulcer on the outer aspect of the stump, of some months' duration, which refused to heal. Re-amputation by the circular method was performed about three inches from the end of the stump, the vessels tied and the wound closed by sutures.

11. *Fistula in Ano.* By Dr. H. J. Bigelow.—Fistula, of three months' duration, was laid open.

12. *Hæmorrhoids, external and internal.* By Dr. H. J. Bigelow.—Hæmorrhoids were tied.

13. *Amputation of great Toe.* By Dr. S. Cabot.—Toe gangrenous, following severe contusion and crushing. Amputated, and the head of metatarsal bone removed with forceps.

14. *Hæmorrhoids.* By Dr. S. Cabot.—Patient was an adult male; the hæmorrhoids of ten years' duration. Three were tied with a double ligature.

15. *Fistula in Ano.* By Dr. S. Cabot.—Patient was an adult male. Fistula laid open.

A large gathering of physicians took place at Delmonico's on Tuesday evening, the 10th ult., to commemorate the anniversary of the Society for the Relief of the Widows and Orphans of Medical Men. An elegant dinner was served, and a band of music added to the attractions of the evening. Toasts and speeches were made, and great good feeling prevailed. About $3000 was received from new members, and the sum of $500 from a friend who modestly did not wish his name announced. The best speech of the evening was from Mr. Choate, who responded for the law. Speeches in response to toasts were also made by Rev. John Cotton Smith, Dr. Detmold, Dr. Hewit, Dr. Howard and others.—*N. Y. Medical Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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EXTRACT FROM A MEMOIR BY DR. ARCHAMBAULT ON "TRACHEOTOMY IN THE LAST STAGE OF CROUP."

A PAPER on tracheotomy in the last stage of croup, by Dr. Archambault, Physician to the *Hopital des Enfans*, appeared in the July numbers of the *Union Médicale.* We translate a portion of it.

* * * From the foregoing statements I arrive at the conclusion already pronounced by others, that the chances of success from the operation of tracheotomy in croup, are fewer, the younger the infant; that they increase with the age of the subject; but that in no case should any age be taken as a counter-indication for it.

Is the operation indicated in any way by the constitution or the temperament of children? And are we to expect that children who are robust, and have a sanguine temperament, will be more likely to recover than others? The cases which have occurred in my own practice would incline me rather towards the opposite opinion. It has seemed to me that those who were somewhat feeble, of lymphatic temperament, were attacked less violently by the croupy affection. In them, it has seemed to me that the inflammatory element played a very secondary part; that there was less intense reaction; that the extension to the bronchial ramifications was less rapid and less profound, and tended to put on rather a catarrhal character, which ought to favor the separation of the false membrane, together with its expulsion by the aid of the bronchial secretions. The previous tendency of the patient to bronchial secretions of a catarrhal character has seemed to me a good omen, and I have always learned with satisfaction that, while in other respects healthy, he was apt to be "stuffed" *(poitrine grasse)*—an expression which, in the mouth of the parent, signifies that the bronchi are the seat of an abundant catarrhal secretion.

The truth of these ideas is not susceptible of rigorous demonstration, even by the aid of detailed observations. They have already been advanced by others, who have not succeeded in further proving their reality. But, if each observer recognizes them as the expression of the facts in the case, they will eventually attain a real prognostic value.

I am free to express my thoughts upon this point as follows, viz.:—In robust children, with a sanguine temperament, tracheotomy offers fewer chances of success than in those who present different conditions. The more abundant are the catarrhal secretions of the bronchi, the more probable is the cure.

Is a confirmed diathesis, which is well established by appropriate manifestations, a counter-indication? It is difficult to reply to so general a question. Yet, I think we may often get round it on the ground that opening the trachea is an operation of necessity, the employment of which comes in only after resort to all other measures. Furthermore, facts come to the aid of *à priori* reasoning to furnish the conclusion. Thus, the younger Auroux, who recovered so well, bore indubitable traces of scrofula, a diathesis which has since manifested itself under the aspect of Pott's disease, for which he has been treated by Bouvier. The younger B——, on whom I operated *in extremis*, had coxalgia, which resulted in false joint; and, in addition, there had been observed at the top of the chest signs which permitted a belief in the existence of tubercles. Before operating, I was able to diagnosticate, though hastily, dulness at the summit on the right side; and I have since discovered in this region, prolonged expiration and mucous râles (due chiefly to catarrh). This child had also become emaciated for a certain time before its seizure with croup, and was very pale. Thus, a combination of circumstances rendered it fair to regard the patient as phthisical, and consequently to reject the idea of an operation. At the same time, what I learned from the statements of others, and by personal observation, did not deter me from an operation, the immediate result of which was to be the prolongation of life, for some hours at least. The inspiration of the moment was a happy one, since the child has now become a young man, whose health is at present in an improved condition.

No doubt if croup were developed in a patient who presented in large measure the physical and rational signs of pulmonary phthisis, it would be warrantable to refrain from an attempt to diminish the suffering of asphyxia by the introduction of the canula. Still we must not set up too absolute a rule of non-intervention under these circumstances, lest we should err in so doing. I found myself in attendance upon a woman evidently phthisical, and who was sinking under a terrible struggle arising from an almost complete closure of the larynx. The anguish of the unhappy patient was so frightful that I had not the courage to refuse her what benefit she could expect from the operation—that is to say, the free access of air which she needed. She retained the canula six weeks, and sunk under the consumption. Before the operation, I did not know exactly whether we were dealing with œdema of the glottis or with croup, although there was false membrane on the glottis. But the patient subsequently expelled diphtheritic products in such considerable quantity and so highly organized, that there was no longer any doubt about the croupy nature of the occlusion. There was thenceforth strong reason to believe that the bronchial ramifications were invaded to a great extent, and that the diphtheritic affection was about to bring on the catastrophe. It was not so, however. After the expulsion of tubular false membranes for a couple of days, muco-purulent matter only issued through the canula, and death was caused by tubercular consumption, about six weeks after the operation.

Many other circumstances, also, are of a nature to task the judgment of the practitioner; and the course to be pursued, when they occur, is rather to be determined by experience than by positive rules. One of those things with which I charge my mind in examining a child attacked with croup is always to endeavor to ascertain if the bronchial ramifications be invaded by false membranes, and to what extent. I must confess that I have never found it possible to solve either part of this problem. Feebleness of the vesicular murmur, or its absence, at certain points of the chest, might indeed permit the supposition of false membranes obliterating the bronchi corresponding to those points. But, the verification of this negative auscultatory phenomenon is rare.

On the other hand, if the respiration be heard everywhere, have we a right to conclude that the bronchi are not lined with false membrane? Not at all! For the membrane may not be sufficiently thick to close those bronchi which are of a certain calibre: and, in fact, this must be the case in the majority of instances. The existence of the so-called *bruit de drapeau* must be a rare exception, since its production exacts an exceptional condition—that is to say, the presence of a piece of false membrane peeled off and floating in a bronchus. A consolation in this our inability to know the extent to which the air tubes are affected is, that the question of the diagnosis, though solved, would have at most but a limited prognostic value. The cases where there is extension of the false membrane to the bronchial ramifications would be considered less favorable, but would not indicate a rejection of the operation, since instances of recovery after the expulsion of ramified false membranes are far from being rare.

It would be unquestionably more important to know, before operating, if the croup were complicated with broncho-pneumonia; for this latter affection appears to me to afford one of the most weighty motives for avoiding tracheotomy, since the peculiar conditions under which respiration takes place through the canula appear of a nature to favor the development of a broncho-pulmonary phlegmasia, and, by consequence, to aggravate that ascertained to exist at the time of operating. This diagnosis, which at first may seem to be rendered very simple by means of percussion and auscultation, is, on the contrary, extremely difficult. Percussion, very useful in the recognition of an outright lobar pneumonia, is of very questionable utility, not to say worthless, in searching for the nuclei of congestion characteristic of broncho-pneumonia; and is not to be depended on as a means of escape from our embarrassment.

As to auscultation, we must not forget that the peculiar character of laryngeal respiration in croup interferes with the usually very positive data of that art. Either the laryngeal *sifflement* is sufficiently strong to mask all the phenomena of auscultation, or else the column of air which gains admittance to the lungs is too inconsiderable to produce the ordinary auscultatory sounds. Most frequently the result is uncertainty.

Lobar pneumonia is more easily diagnosticated by means of the souffle and the dulness, although, nevertheless, error is quite possible in that. Thus, the souffle might be masked by the reverberation of the laryngeal sifflement, and dulness might be perceived just before the operation, and disappear immediately after the free entrance of the air. This would be a physical phenomenon peculiar to these cases, and which would not depend on its habitual causes; that is to say, on pulmonary induration, or pleuritic effusion.

M. Millard has cited from his own experience an example of this false dulness, and has borrowed one from M. Chassaignac. To this double testimony I will add mine. In two instances I have been able to ascertain the actual existence of a dulness which I did not find again after the canula had permitted the free entrance of the air. To what this dulness is due, is a question which I cannot answer.

If the study of the physical signs does not permit us to set up a positive diagnosis, an attentive observation of the character of the respiration, and of the fever, will often allow of our deciding almost certainly as to the existence of a pulmonary phlegmasia. The habitual character of the croupy dyspnœa consists less in the frequency of the respirations than their difficulty, and in its deploying very energetically all the inspiratory forces. M. Barthez has distinctly set forth in his work, that the respirations do not rise above 48, a figure which he fixes upon as the extreme limit. In the pulmonary phlegmasiæ, and notably in broncho-pneumonia, as M. H. Roger has pointed out, the dominant characteristics of the dyspnœa consist especially in the frequency—the extreme rapidity—of the respiration.

If the croup is complicated with a phlegmasia of the little branches, or of the pulmonary tissue, the respiration takes on a mixed character. To the difficult respiration arising from the laryngeal impediment, is added a frequency, a rapidity of inspiratory efforts, which depends on the condition of the pulmonary bronchi. M. Millard, who is an excellent observer, has laid down this peculiarity, and has, so far as I know, been the first to attribute to it an important diagnostic value, which he sums up in this practical formula, viz.:—"Whenever a child attacked with croup respires oftener than fifty times a minute, the practitioner should be on his guard and explore the chest with care." If there were not exceptions to every rule, I should add that in all these cases the medical attendant should consider it certain (even if the examination of the chest should reveal nothing definite) that there exists a broncho-pulmonary phlegmasia; and, in fact, such is also the idea of M. Millard. Six times I have seen this special frequency of the respiration before operating, and in each of the cases I have been able to identify the signs of broncho-pneumonia a little while after the operation. All the children who were thus affected died quite rapidly; and I have come to asking myself if it be really wise to operate upon an infant whose inspirations rose above fifty per minute. But, it must be considered that, after all, the most scrupulous analysis and the nicest weighing of the symptoms cannot furnish an absolutely certain diagnosis of broncho-pneumonia, and that were such a diagnosis fully set up, we could not positively infer that the operation would fail of a happy result. I must, however, repeat that I have always seen death follow under such circumstances, though the cases I have had, added to those of other observers, do not altogether make up a sufficient number on which to found a rule of abstinence. I subjoin, in relation to the influence of broncho-pneumonia, the following remarks upon the prognosis, viz.: inflammation existing at the time of the operation, as I have just said, I have always found to be fatal, and the subjects of it have not even experienced any considerable alleviation of their distress. The respiration has continued nearly as frequent after as before the opening of the trachea, and has merely become less difficult through the disappearance of the strain upon the larynx. The broncho-pneumonia which supervenes shortly after the operation—most frequently during the first two days—is usually fatal, and it may be said that by far the greater part of those operated on are carried off very rapidly. I have seen only one recovery under such circumstances—that of the younger Vautrin, who after doing well the first day, was seized, during the succeeding twenty-four hours, with a febrile exacerbation, dry cough, and an acceleration of the respiration, which reached to 60 per minute. Auscultation of the chest demonstrated quite fine sub-crepitant râles at the base of both lungs and a little resonance. In the right lung, there was a spot where even a souffle was heard. Revulsives, stopping short of vesication, a draught containing a slight proportion of Kermes mineral, the free ingestion of liquids, and inhalations of vapor, promoted the resolution of this catarrhal phlegmasia, which terminated with an abundant secretion. The infant was in great danger, however, for four or five days.

In place of showing itself on the second day, the broncho-pneumonia may not supervene till later, at an epoch when the pulmonary tissue seems to be accustomed to the new conditions of inspiration imposed upon it. Under these circumstances, the results are much less dire. The younger Delage was not seized until the fourth day; Masson was attacked also on the fourth; Bourgeois on the seventh; the latter at the moment when I was about to withdraw the canula, a measure which could not, therefore, be resorted to till the sixteenth day. The life of these children was no doubt placed in great peril, but they finally recovered, thus authorizing me to say that we must not despair because we see a pulmonary phlegmasia supervene, if it be at a comparatively late period after the operation.

Is a lobar pneumonia existing on one side a formal contra-indication against the operation called for by the laryngeal asphyxia? I have never found myself face to face with a case of this nature, and I do not know that those who have operated have been fortunate enough to obtain success. The best result at which M. Guersant has arrived is, to prolong life a sufficient number of days to cause recovery to be looked upon as possible. This is little, doubtless, but it is again in order to recall here the fact that we are dealing with an operation of necessity, which has, at least, the effect of delaying death. * * *

The Massachusetts College of Pharmacy propose to inaugurate during the coming season, a course of Lectures on Chemistry, Materia Medica, Botany and Pharmacy, and offer to the apothecaries of New England an opportunity so long desired, to improve and perfect themselves in their profession, and ask their attention to and coöperation with the plan. The course will commence with an introductory lecture, to be delivered by Samuel M. Colcord, Chairman of the Board of Trustees of M. C. P., on Wednesday evening, December 11th, 1867, at 7 1-2 o'clock, at the room of the College, No. 12 Temple Place, which will be free to all, ladies included. The regular course of instruction will consist of Lectures to be delivered, as follows:—On Chemistry, by E. L. Stoddard, Ph. D., Instructor in the Laboratory of the Massachusetts Institute of Technology; on Materia Medica and Botany, by C. M. Tracy. The Course of Materia Medica will be introduced by Edward H. Clarke, M.D., Professor of Materia Medica in Harvard University; on Theory and Practice of Pharmacy, by George F. H. Markoe. All the Lectures of the Course are intended to be practical, and will be given with special reference to Pharmacy.

MESSRS. EDITORS,—In your last week's notice of Mr. Lawson's "Injuries of the Eye, Orbit and Eyelids," the test types printed with the book are "said to be corresponding to those of Prof. Ed. Jäger." I would call attention to the fact that they do not in any way correspond to Jäger's test types, which are a series of 20 types increasing regularly and progressively in size. Those of Mr. Lawson, repeated in the American reprint, are only 13 types, without anything very definite about them except that each after the first, is larger than the preceding one. The peculiar shape of the letters and their arrangement *entirely preclude* them from being used to obtain any definite measure of vision. I believe the difficulty still exists which I formerly found, namely, that our type-founders have not the types corresponding to Jäger's sizes or to Snellen's, requiring therefore the cutting of a plate, which Prof. Jäger was obliged to do with some of his, published in the following languages, and printed by L. W. Seidel & Son in Vienna—Spanish, Portuguese, Russian, Polish, Italian, Greek, Hebrew, German, French, English. B. JOY JEFFRIES.

Boston, Nov. 30, 1867.

New Medical Publications.—The medical publishers, Messrs. Lindsay & Blakiston, of Philadelphia, inform us that they are about issuing a translation by M. J. DeRosset, M.D., Adjunct Professor of Chemistry in the University of Maryland, of "Bouchardat's Annuaire de Therapeutique, Pharmacologie," &c. &c., with additions; to form a neat 16mo. volume. The publishers tell us it has a very wide circulation over the continent of Europe, and that there will no doubt be an extensive demand for it in this country. It is promised about the first of January.—The same publishers will also issue about the same time the Pioneer Volume of Hospital Reports in the United States, to consist of "Reports of Cases and Clinical Lectures by the Medical and Surgical Staff of the Pennsylvania Hospital," with an introductory article in the history of the Hospital, to which are added some Reminiscences of the Physicians and Surgeons who have served it. The edition will be limited, and the price to subscribers one dollar less than the regular selling price.

A FRIEND sends us the following query:—A person drops suddenly dead; what are the peculiar or particular symptoms which enable an officer—say a coroner—to decide that the death was caused by "disease of the heart," no autopsy being made?

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 30th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week	66	49	115
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.3	41.8	84.1
Average corrected to increased population	00	00	92.66
Deaths of persons above 90	0	0	0

NOTICE TO SUBSCRIBERS.—In two or three of the first weekly issues of December, bills will be enclosed to the subscribers of the JOURNAL. These bills comprise the current year of each subscriber, and some of them, as those interested will perceive, also include a period back, which has been comprised in one or more previous but still unsettled accounts. It is earnestly desired that bills of the latter class receive immediate attention. Money orders can now be obtained at most post offices, and furnish a perfectly safe mode of making remittances. Where not obtainable, and when for small amounts, bank-bills may be sent at the risk of the publishers. A receipted bill will always be included in the next issue of the JOURNAL succeeding the reception of the money: if a subscriber does not thus receive his receipt when due, he should give information at once to this office.

PAMPHLETS RECEIVED.—Smallpox and Vaccination. By R. M. Lackey, M.D., Chicago. —Progress in School Discipline: Corporal Punishment in the Public Schools—Addressed to the Citizens of Cambridge, by Morrill Wyman, M.D.—Thirty-second Annual Report of the Industrial Aid Society for the Prevention of Pauperism, Boston.—On the Prevalence of Epidemic Cholera in Chicago in the year 1866. By N. S. Davis, M.D., Chicago.—Observations on the Nature and Treatment of Polypus of the Ear. By Edward H. Clarke, M.D., Prof. of Materia Medica in Harvard University, &c.

MARRIED,—At Sutton, Mass., Nov. 6, A. L. Stickney, M.D., to Miss Lizzie A. Hill, both of Sutton.

DIED,—At Scarborough, Me., Nov. 24th, Dr. John M. Milliken, aged 59 years.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 30th, 115. Males, 66—Females, 49. Abscess, 1—accident, 4—apoplexy, 1—asthma, 1—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 3—consumption, 27—convulsions, 3—croup, 2—diarrhœa, 2—diphtheria, 3—dropsy of the brain, 1—drowned, 2—dysentery, 1—erysipelas, 1—scarlet fever, 18—typhoid fever, 2—gangrene, 1—disease of the heart, 7—infantile, 1—jaundice, 2—disease of the liver, 2—congestion of the lungs, 3—inflammation of the lungs, 7—marasmus, 1—measles, 1—old age, 1—puerperal disease, 2—scalded, 1—syphilis, 1—teething, 1—tonsillitis, 1—tumor, 1—unknown, 4.

Under 5 years of age, 44—between 5 and 20 years, 16—between 20 and 40 years, 24—between 40 and 60 years, 19—above 60 years, 12. Born in the United States, 83—Ireland, 25—other places, 7.

THE

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SOME CONSIDERATIONS WITH REGARD TO THE PATHOLOGY AND TREATMENT OF POTT'S DISEASE OF THE SPINE.

By FRANCIS C. ROPES, M.D., Surgeon to Out-patients at the Boston City Hospital.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

THE treatment of carious disease of the spine is a subject which of late years has undergone great changes, and has become much more interesting than it formerly was. We may now undertake to treat a case of Pott's disease, not feeling that we have set ourselves to a hopeless and discouraging task; but, on the contrary, that we shall probably be able to give the greatest relief to the patient, and, in most cases, to arrest the further progress of the disease.

The following case, though meagre in details, will nevertheless be found to illustrate some important points to which I wish to direct attention.

A. T., aged 5 years, came under my care in March, 1867. She was of a delicate appearance, and very nervous and excitable. She had been, and then was, under the care of Dr. Charles F. Taylor, of New York, with whom I first saw her. I may here say, that the reason why I was placed in charge of the case was, because it was thought necessary to provide more constant medical attendance than could be given by Dr. Taylor, who saw the child only at long intervals. Unfortunately, I have but few notes of this case, and know little of the previous history, except that the disease had been observed some two years before, and no marked improvement had taken place till the child was placed under Dr. Taylor's care, who applied an apparatus to be described presently. There was an angular projection in the lower dorsal region, of which a model in card-board had been taken by Dr. Taylor when he first saw the child. By applying this model to the projection, I discovered that considerable diminution had taken place in it.

This patient had previously been treated by means of the "spiral spring corset," a very cumbersome apparatus, which possessed the disadvantage (in common with many other forms of apparatus) of compressing the thorax, thus interfering with the respiration.

When I first saw the case Dr. Taylor's instrument was in use, and another one, similar in form, but somewhat differently curved, was applied by Dr. T. in my presence; it being better adapted to the state of the disease at that time.

The treatment in this case consisted in the use of the apparatus during the day, and the internal administration of cod-liver oil, preparations of iron and bromide of potassium, according to circumstances. Good diet was also advised, and plenty of fresh air; the child not being allowed to walk much, but being left for hours together, on a sofa, out-doors, in the sun. Residence in the country made this treatment the more feasible.

From time to time I made slight alterations in the apparatus, and the child gradually improved in health; and at the end of some eight months I lost sight of the case. I have since learned, however, that everything was progressing favorably.

Before describing Dr. Taylor's apparatus, I wish to say a few words about the pathology and treatment of this disease. It consists, practically, of a loss of substance in the bodies of certain vertebræ. Usually several are affected—at once, or consecutively. The spine is the main support of the body in the erect position, and the weight of the body falls on the bodies of the vertebræ with the intervertebral cartilages. The spinous, transverse, and articulating processes serve only to limit and direct the movements of the spine, and for the attachment of muscles and ligaments.

Now, as Dr. Taylor says in his small work on Pott's disease of the spine, if we take a straight, flexible rod, one end of which is made fast, and apply force at the other end, the result is that the rod comes to describe a regular curve. But if the rod be partly cut through in the middle, the result is, when force is applied, that it bends excessively at this point, or breaks altogether. So with the spine; when a healthy person stoops forward, the whole spine describes a curve, the cervical and lumbar regions bending more than the dorsal. But if the attempt be made by a person suffering from Pott's disease, a great force is brought to bear at the weakest place, viz., the seat of the disease. Thus, a sudden crushing together of the vertebræ may occur, causing paralysis; or, what is more probable, the diseased surfaces may take on fresh inflammatory action, and the disease increase.

The etiology of this disease deserves attention. We are told by almost all authorities, that it is essentially a scrofulous disease; that it never occurs except in unhealthy, under-fed children, or in those of weakly or syphilitic parents. And in proof of this, our attention is directed to the anæmic appearance of such children, and to various other circumstances.

Unquestionably, weakly children are more liable to this, as to every disease, than those who are robust; and there can be no doubt that insufficient nourishment and generally bad hygienic conditions, do act as predisposing causes. But I am, on the whole, disposed to agree with Dr. Bauer, of Brooklyn, N. Y., who, in his "Lectures on Orthopœdic Surgery," maintains that this generally received explanation is inapplicable to many, if not to most cases. Dr. Bauer thinks that, in many cases, a history of some sort of local injury is to be obtained; and that in others such an injury has been sustained, though it may have escaped notice at the time, as is frequently the case with injuries which children receive while at play; especially since no symptoms of disease of the vertebræ may appear for a considerable time. He says, moreover, not without reason, that it is very easy for a practitioner, when he sees a child suffering from advanced carious disease of the spine, attended with abscesses, perhaps, and great constitutional disturbance, brought on by *this very* disease, to make out a case of scrofulous affection; whereas, in many such cases it will be found, on accurate inquiry, that the children were previously as healthy, in all respects, as other children, up to the time of the fall or injury which brought about all this local and afterwards constitutional disturbance. Dr. Bauer also cites the case of necrosis of other bones following injury, in proof of his position.

I must say that these views seem to me very reasonable; although we all have certainly been taught to look on these cases as scrofulous (so called), and although I am not aware that Dr. Bauer, or any one else, has brought forward enough facts to prove the truth of these assumptions.

As to the treatment of Pott's disease, it may be divided into constitutional and local. Whether the scrofulous pathology be correct or not, one thing is very certain, viz., that in almost all cases debility is a prominent symptom, whether it was present before, or appeared subsequently to the external manifestation of the disease. Therefore, a tonic plan of treatment is indicated—as, in fact, in nearly all other diseases—the use of milk diet, the administration of iron or cod-liver oil, and a variety of hygienic treatment which need not here be specified. The local treatment, however, I consider as infinitely more important than the constitutional, since the local disease is liable to produce the greatest constitutional disturbance. This granted, it is plain that if it be possible to lessen the causes of the various symptoms, such action is much more reasonable than to endeavor to support the system under the strain placed upon it; just as in a case of a foreign body in the eye, it is more reasonable to remove the offending substance than to endeavor to combat the resulting inflammation.

Now, the local treatment usually laid down in books on surgery, consists chiefly of rest in bed, on the back, and of constant and painful counter-irritation on either side of the spinous processes of the affected vertebræ, by means of issues, setons, the actual cautery, &c.

When in Berlin, I assisted, at different times, both Prof. Langenbeck and Dr. Berend—who are both writers on orthopœdic surgery, and are, probably, the best authorities on these matters in that city, and perhaps on the continent of Europe—in the operation of dividing the skin and putting in peas as issues, on either side of the spine. Most of us, also, have, in our student days at least, seen the actual cautery repeatedly used in these cases for the same purpose.

I do not hesitate to condemn, in the most unqualified manner, all such practices; and I approve entirely of the principle which, if I am not mistaken, originated in this country, of applying support to the spine, and thus removing the source of irritation: to wit, the continual pressure and friction of the diseased surfaces on each other. In this I agree with Drs. Taylor, Davis, Lee, Prince and others of this country, and also with Mr. W. Adams, of London, whose work, I may here mention, on "Curvatures of the Spine," and especially that portion on "Lateral Curvature," deserves the careful perusal of every surgeon.

One word with regard to the recumbent position on the back. There can be no doubt that this position is often an invaluable adjuvant to other treatment; but if long continued, the general health will surely suffer, and thus an unfavorable influence be exerted on the local disease. It must also not be forgotten that, in the supine position, the spine is not, after all, in such a remarkably good condition for the arrest of the disease; for the frequent movements of the patient, the rising to pass the evacuations, and many other things, do certainly cause a degree of pressure and friction anything but salutary.

The treatment of this disease by local support is fast becoming, in this country at least, the rule of practice; and the immediate relief to the symptoms and the remarkably successful results justify the commendation which it is receiving.

Dr. Taylor's apparatus consists of two firm uprights of iron, curved to suit each case, which pass upwards from a pelvic belt, to which they are attached, one on each side of the spine; and are connected, above, by a cross-piece, also of iron, to each other and to shoulder straps. Then a pad is attached to each upright, and placed just below the angular projection. The pelvic belt does not encircle the body, but is open in front; and the aperture is filled by a wide band or apron, which serves to support the abdomen, which, in these cases, is frequently prominent. When the apparatus is adjusted, pressure is made at, or just below, the seat of disease, and counter-pressure against the abdomen and shoulders. Thus, as it were, a splint is applied to the spine, as to a broken limb. Of course, ordinary care must be taken to avoid excoriations at the points of pressure. The above is not a complete description of Dr. Taylor's apparatus, but gives the chief points. The instrument has the advantages of giving good support, and of not interfering with the respiration. It is also light, and not complicated. I am, however, now using an apparatus made on similar principles, but heavier, and made with crutches. I am disposed to think that the crutches are of essential service in taking off the shock of a fall or leap; and although the apparatus is thus made more cumbersome than that of Dr. Taylor, it is still not excessively heavy by any means; and since it is not so easy for a child to perform all sorts of manœuvres while wearing it, as he might with the other instrument, it would seem to possess the advantage of insuring less movement to the spine. By means of an apparatus constructed on this simple and obvious principle, one great source of irritation is removed, and thus an opportunity is afforded for nature to cure the disease. Of course, where there is a loss of substance there must be an angular projection; but, by the above means, this loss is reduced to a minimum, and it is even possible that new bone may be thrown out, and thus the gap be partially filled. At any rate, compensatory curves are formed above, and especially below the seat of the disease; so that the resulting deformity is, in most cases, scarcely perceptible when the patient is dressed. I have now several cases of Pott's disease, in which the above-described apparatus has been applied; and in all of them immediate relief to the symptoms has been observed, and no complaint has been made of any pain or discomfort caused by the instrument. If the disease be situated in the uppermost dorsal, or in the cervical vertebræ, unusual difficulties must be encountered; but even in such cases the greatest benefit is produced by the use of a modification of the apparatus described, the principle in all cases being the same. I may here say that the instruments which I have used have been very skilfully constructed by Messrs. Leach & Greene, of this city.

A form of apparatus which has been much used, and known as the "spiral spring corset," needs a moment's attention. The peculiarity of the apparatus is, that while downward pressure is prevented, lateral movements are freely permitted. But, besides the objection that the instrument is made in the form of a corset, and encircles the thorax, and thus impedes respiration, it will be seen that the principle of its construction is quite opposed to that of the instruments just described. Its only advantage seems to be that a portion of the superincumbent weight of the body is removed; but much remains, and friction of the diseased surfaces on each other is not in the least prevented. In short, it seems to me that it, as well as all other instruments made on similar principles, is altogether useless as compared with those which act as a splint to the spine.

It may, however, be objected to this principle of applying a *splint*, that the weight of the head and upper part of the trunk is transferred to the articulating processes of the diseased vertebræ, and will be likely to produce disease in them. Unquestionably this weight *is* transferred to the articulating processes; but they are healthy, and the bodies are diseased. Moreover, I have yet to learn that this transfer of weight ever *does* produce disease in the articulating processes, or that the disease under consideration ever affects the pedicles or laminæ, or, in short, anything but the bodies of the vertebræ, with the intervertebral cartilages. At any rate, I think we need give ourselves no needless anxiety about this anatomical and probably imaginary difficulty; at least until some one brings forward an advance on our present knowledge.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 313.]

Diagnosis.—To those who are not perfectly familiar with cutaneous eruptions the diagnosis of scabies is not always an easy matter; and yet a correct diagnosis is of the highest importance, not only as regards the reputation of the attending physician, but also because an erroneous decision may throw a whole family off their guard and cause all its members to be infected with the loathsome malady in question. And we could relate more than one instance where a physician has lost desirable family practice in consequence of mistake in regard to this disease.

The sulci or furrows which are the characteristic mark of the presence of the acarus, may often be detected on the buttocks, on the lateral surfaces of the fingers, or on the inner margin of the wrists, and in young children on the inner edge or border of the feet. These furrows or cuniculi are more frequent in the papular form of scabies, than in the vesicular or pustular varieties. The desirableness of finding the cuniculi, acari and their ova, is admitted; but it sometimes—indeed we may say it frequently happens, that neither the one nor the other can be detected, especially when the eruption has become chronic and chiefly pustular in character; and the diagnosis must be established by considering its locality, its history, its present appearance, and in ascertaining whether there is evidence of its contagiousness or otherwise.

The eruptions with which scabies is likely to be confounded are eczema simplex, lichen simplex, and prurigo.

Eczema simplex presents vesicles more flattened, and clustered together, and less acuminated and less discreet than those of scabies. The pruritus in the two diseases is very different. In eczema it amounts to a painful smarting sensation; and scratching does not relieve, but rather augments it: whereas in scabies the sensation is not altogether unpleasant, and a thorough application of the nails is an efficient and delightful remedy.

Lichen simplex always attacks the dorsal aspect of the hands, arms, and legs, and never appears in the inter-digital commissures. The papules are exceedingly small and are generally closely grouped together, which is rarely the fact with scabies. The papules of lichen are of the color of the skin and produce but very little itching. In young children and in adult females with soft tender hands, the eruption of scabies is very often seen in the palms:—there will be, perhaps, some half a dozen vesicles or large and flattened pustules scattered here and there in this locality.

Prurigo is also a papular eruption developed in places exactly opposite to those attacked by the itch. When the papules of prurigo are torn by scratching, little black scabs are formed on the summit; whereas the scabs in scabies are merely thin yellowish scales loosely attached to the parts beneath.

A peculiar rough scaliness or desquamation of the epidermis in the immediate vicinity of the eruption of scabies is a fact spoken of by some dermatologists, by others not. When the eruption is seated on the hands, this furfuraceous condition is most observable in the space between the thumb and index finger. The same appearance of the cuticle is exhibited when the disease occupies the elbow, the inner border of the axillæ, or the loins. The condition of the surface here referred to is produced by the repeated efforts of the parasites in their search after food and shelter. We have often observed it in chronic cases, and have directed the attention of those who were in a position to examine several cases of scabies daily for a long period, to this diagnostic mark. They have fully confirmed the observations of Prof. Wilson and our own in regard to this point.*

By most dermatologists the physician is taught how to extract with a pin or needle the acarus from its retreat in the little mound at the terminus of the furrow which it cuts through the epidermis, and how to transfer it to a glass slide for microscopical examination, and thus determine with certainty the nature of the eruption. This procedure is truly scientific; but let us see to what extent it can be reduced to practice. Probably not one physician in forty in this country is the owner of a microscope, so that to the great mass of the medical profession all directions given for obtaining the parasite as the essential element in diagnosis are, for all practical purposes, a dead letter; and other methods of identifying scabies must be employed; and in our opinion there is none superior to an exact knowledge of the several cutaneous affections particularly mentioned a moment ago. This knowledge is always available, whether the physician is at home in his office or abroad among his patients; and with it he never need falter in arriving at a differential and correct diagnosis. The microscope long since performed a valuable service in revealing the cause of scabies; but it does not describe the eruption itself; and unless physicians generally acquire the ability to recognize the disease independently of this instrument, is it not truth to say they never will be able to recognize it?

In very chronic cases the eruption of scabies sometimes covers the entire cutaneous surface; in young infants including the scalp. Where the complaint occupies such extensive ground, the papular form is usually developed on the scalp, the back, abdomen, and upper portion of the extremities. On the hands, fore-arms, feet, ankles and buttocks, the disease is vesicular or pustular, or more frequently both. Occasionally a few pustules appear on the inner aspect of the thighs. Here, as well as elsewhere, they acquire a much larger size and are more distinct than those of impetigo, and they push higher upward, above the adjacent surface. Where the disease has continued unchecked for a long period in young subjects, the whole of the hands and fingers is completely covered with the eruption, and they become badly swollen and painful, the patient being scarcely able to bend the fingers. Sometimes little abscesses form on various portions of the surface during the existence of scabies as a consequence of the excessive irritation which this disease produces. Sometimes the eruption seizes upon the front of the elbow joint as a principal locality and where the delicacy of the cuticle offers facilities for the parasite to take lodgings. So in like manner the nipple of the female is occasionally the seat of the disease, while perhaps other parts of the surface are nearly free from it. The skin around the base of the nipple becomes excoriated and quite painful, and a slight discharge takes place. The eruption in this locality is usually of a vesicular character.

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* Nayler and Caillault make mention of the same peculiarity of the skin in connection with scabies.

Treatment.

We shall consider somewhat briefly this point of our subject; contenting ourselves with the indication of those remedies which seem to be most efficacious, and which are least objectionable and expensive to the patient.

Alkalies form the base of nearly all the parasiticides in use for the cure of scabies. They are the most reliable, the safest and least obnoxious to all parties. Sulphur has been regarded as a specific in this disease; but as it is in nearly all cases combined with lard and potash or some other alkaline ingredient, the inferences drawn from its use are not wholly conclusive as regards its curative agency.

Alkalies not only act upon the epiderma, and destroy and remove its superficial portions, but are among the most deadly parasiticides which have yet been discovered. They are cheap, cleanly, and always at hand whenever needed. Nearly all the valuable preparations, whether ointments, lotions, or soaps, in use for the treatment of scabies, contain an alkali in some form or other. The famous pomade of Helmerick contains the subcarbonate of potassa; the lotion of Vleminckx, of Brussels, used in the Belgian army, and afterwards endorsed and recommended by Prof. Hebra, of Vienna, contains caustic lime, and is in fact a penta-sulphide of calcium; and Wilkinson's ointment has as one of its principal ingredients the common black soap, or sapo viridis, which is used for domestic purposes throughout Germany. In our own country we have a soap much superior to the above in its detergent and other qualities. It is commonly made, in the rural districts, from the ley obtained from the ashes of the hard varieties of wood; and consequently contains potash in combination with fat or grease. This soap is used by the masses for the ordinary purposes of ablution, and is seldom followed by injury to the skin. It removes the unhealthy cuticle; and is perfectly destructive to parasites of all descriptions.

A few years since, at our suggestion, Dr. Howard F. Damon, then Superintendent of the Boston Dispensary, instituted a series of extensive trials with this remedy, for the cure of scabies. The disease was then fearfully prevalent among the poorer classes, being brought home by soldiers on their furloughs from the Union armies. Probably at no time was there ever a better opportunity among us for the trial of such a remedy as this. From the *several hundred* cases thus treated, Dr. Damon reports to me the most satisfactory results. In no instance has he known this remedy to fail when it has been thoroughly applied; and rarely, if ever, is there any eczema in consequence of the application of the common domestic soft soap to the skin, in the treatment of scabies. After a fair trial of this article, Dr. D. concurs with me fully in the opinion that it is in several respects superior to the parisiticides now in use, and no remedy is cheaper or more ready at command. The proper mode of applying it is as follows:—Suppose the hands, wrists, &c. to be the parts involved in the eruption. The patient is to rub upon them about a common table-spoonful of the soap, using brisk friction at the time. Let the soap remain on until it produces a pretty severe smarting or tingling sensation. It may then be washed off with warm water, and the parts wiped dry. The same process is to be used for any part of the surface if necessary. Sometimes one application is sufficient; sometimes two or three may be required and may be repeated every third or fourth evening. These will be enough to cure all ordinary cases. If the eruption is very extensive it will be prudent to subject only a part of the diseased surface to the action of the soap at any one time. For instance, the hands and arms at one time, and the next time the legs or a portion of the trunk of the body. There is quite a difference in individuals in regard to the length of time they can allow the soap to remain on comfortably to themselves. Those of peculiarly nervous temperament or very delicate skin can tolerate it only a few minutes, while others can bear it two or three hours before washing it off. For infants and very young children an ointment containing from ten to fifteen grains of the iodide of potassium to the ounce of lard, and applied every second or third night, is a perfect parasiticide in scabies. In recent cases a single application is often sufficient.

The Vleminckx solution cures the itch very rapidly, although it is a disagreeable remedy and very harsh for the delicate skin of females and young children. It is prepared in the following manner. Put

℥ ij. of sublimed sulphur and ℥ j. of quick lime into ℥ xx. of water. Boil down to ℥ xij. Stir the ingredients with a stick while boiling. Filter. The patient dips a brush made of bristles into the fluid and proceeds to paint the affected skin. As the fluid dries on, it leaves the surface of a yellow color from the powder which is deposited. The powder may remain undisturbed upon the skin for two, three or four hours, unless the smarting and pain become too severe. Of course it can be washed off at any time, if the patient is unable to bear it. One application is frequently enough. If its caustic action or that of the soft soap renders the skin raw or very tender, equal parts of glycerine and water, or a little cold cream can be smeared on.

I propose to close this article with the following quotation from a brief communication in a late number of the London *Medical Times and Gazette*:—

"To establish a new colony, it will not suffice that a male acarus, however potent in himself, should step across from one person to another, nor that an unimpregnated female should alone. They must go in pairs, like the animals into Noah's ark, or else the race cannot be perpetuated. But imagine a single pregnant female crossing, and the thing is done. As soon as she brings forth her litter the colony has begun. But the acarus is not adapted for these Leotard-like feats, and the pregnant female is always deep in the epidermis, tunnelling her way on, and laying her eggs as she goes. Now, as she tunnels, she, like all other engineers, makes air-holes through to the surface of the epidermis (these may be readily seen through a weak lens). Through these the young acari, when hatched, escape, to settle in some more or less distant part of the skin, if not disturbed before they are hatched. But the unhatched ova are a dust as fine as the pollen of a plant, and if the moist skin of the infectee only touch the skin of the infector, which is pierced with these little pores, which are full of half extruded ova, several of them are sure to stick to the infectee's skin, and so *(nefandum dictu)* he catches the itch."

[To be continued.]

CARBOLIC ACID AND ITS COMPOUNDS IN SURGERY.

By Sir J. Y. Simpson, Bart., M.D., D.C.L., &c.

The communication on the antiseptic properties of carbolic acid which Professor Lister published in the *Lancet* of the 21st of September, was originally read by him at the meeting of the British Medical Association in August last at Dublin. In the discussion which followed, Dr. Hingston, the able and accomplished Professor of Surgery in the McGill College of Montreal, stated to the Surgical Section that, in travelling last summer over the Continent, he had found that the use of carbolic acid in surgery was now being discontinued in places where formerly it was in vogue; while in Great Britain he had seen it poured into and over the surfaces of recent amputations and other wounds, in the form of a fluid ointment or combined with oil, in a way which recalled to his mind the olden and reprehensible system of dressing with some foreign body the whole raw surfaces of recent wounds—a practice that was followed two or three centuries ago, and which he fondly imagined was forever banished from scientific surgery.

On the same occasion, amongst some other remarks, I stated that —contrary to what Professor Lister seemed inclined to maintain— carbolic acid had been used for some years past in surgery in France and Germany, and that his use and applications of it, and his theory of its mode of action, were not in any way original.

Professor Lister, in the *Lancet* of Oct. 5th. appears to speak of such simple truths as "unworthy cavils." Dr. Hingston is quite able to defend his own statements, if he thinks it worth his trouble to do so. But let me here take the liberty of briefly pointing out that Mr. Lister has been most undoubtedly preceded by other authors in all his leading theories and uses in connection with this subject. * *

Mr. Lister remarks (the *Lancet*, Sept. 21st, 1867) that when it had been shown, by the researches of Pasteur, that the septic property of the atmosphere depended on minute living organisms suspended in it, "it occurred to me," to use his own words, "that decomposition in the injured part might be avoided, without excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles. Upon this principle I have based a practice.......The material which I have employed is carbolic or phenic acid, a volatile organic compound, which appears to exercise a peculiarly destructive influence upon low forms of life."

Now the very same theory, the very same practice, and the very same means of reducing that theory to practice, have all been worked out and published on the continent years ago by Lemaire, Déclat, Küchenmeister, and others. The strongest averments cannot alter the simplest dates, and I fear that it will not redound to the credit of English surgery to claim what most certainly does not pertain to it. * * * * * *

Mr. Lister has hitherto chiefly or only described, I believe, three kinds of surgical complications in which he has employed carbolic acid—namely, (1) in compound fractures, (2) in suppurations, and (3) in wounds. In all of these points he has been long forestalled by the experience of our continental neighbors. * *

Mr. Lister, in his letter to the *Lancet*, Oct. 5th, states that "all his recent visitors to the Glasgow Royal Infirmary had viewed his treatment of wounds, abscesses, compound fractures, &c., with carbolic acid, as original.......Not one," he adds, "had ever expressed the slightest doubt that the system in question was *entirely new*." While I regret the strange and almost incomprehensible want of knowledge with which Mr. Lister charges his professional visitors, I am, fortunately, not answerable for it; and if Mr. Lister had taken the slightest trouble to search English medical literature alone, he would easily have convinced himself of his own grave error in this respect. I think most, if not all, the medical and therapeutic journals of England have alluded more or less to the subject during the last six or seven years. Mr. Lister has published all his professional papers in the *Lancet* and the *Edinburgh Medical Journal*, and is, therefore, it is to be fairly presumed, acquainted more or less with the *surgical* papers and announcements contained in these two periodicals at least. In both of these journals he will find the matter brought under the notice of the surgical profession within the last six or seven years.

* * * *

One great and most laudable object which Professor Lister evidently has in view in using carbolic acid as a local dressing to wounds is to close these wounds entirely by the first intention, and without any suppuration; so far, by this means, averting the mischances of surgical fever. But these paramount objects have been attained in the hospital of Aberdeen by the use of acupressure. In the Surgical Section of the Association to which Mr. Lister read his paper in Dublin, Dr. Pirrie, of Aberdeen, stated that, for example, out of twelve cases of excision of mammary tumors treated with acupressure in his practice during the last two or three years, eight out of the resulting wounds had closed entirely by the first intention, and without the formation of a single drop of pus. In relation to these "magnificent" results—to use Mr. Lister's expression—I would beg to ask him if even a single case of such mammary wound, treated with ligature, healing up without a drop of pus, *ever* occurred in the hospitals of Glasgow or Edinburgh since the day of the first institution of these hospitals up to this time? Has Professor Lister met, in the Glasgow Hospital, with one single case of such primary union after excision of the mamma, even when the ligature and carbolic acid were *both* employed? And if so, why do he and others persevere in rejecting a practice which in another hospital has led to the cure of two-thirds of all such cases by entire and complete primary union?

Bibliographical Notices.

The Physiology of Man (Alimentation, Digestion, Absorption). By AUSTIN FLINT, Jr., M.D. New York: D. Appleton & Co. 1867. 8vo. Pp. 556.

THIS volume, handsomely and clearly printed on excellent paper, is the second of a series in course of preparation, intended to embrace all the subjects usually regarded as belonging to human physiology. We have found the style easy, lucid, and, at the same time, terse.

The practical and positive results of physiological investigation are succinctly stated, without, it would seem, extended discussion of disputed points. As a specimen of the style, we make the following extract from the eight pages and a half devoted to the general statement of the effects of alcohol upon the system.

> The ingestion of a moderate quantity of alcohol retards the destructive assimilation of the tissues; for the diminution in the quantity of the excretions in the experiments of Hammond was too long continued to admit of the theory that the effete products were simply retained in the blood and not removed by the proper organs.
>
> It is also demonstrated that when the system is so nourished that the weight is stationary, the moderate ingestion of alcohol, for a short time, will cause an increase in weight corresponding with the diminution in the quantity of the excretions; with, however, some disturbance of the general health and the mental faculties.
>
> The loss of weight consequent upon insufficiency of food may be temporarily arrested and the unpleasant symptoms relieved by the use of alcohol in moderate quantity.
>
> The gain in weight following over-ingestion of food is increased and the disturbance of the system aggravated by the use of alcohol.
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> If the observations showing the elimination of alcohol from the system be taken as conclusive, it is evident that this agent influences nutrition in its passage through the organism, and that its immediate effects are of a transitory nature. It cannot be considered as an alimentary principle, or as capable of supplying the place of articles which are actually assimilated.

On the subject of insufficient alimentation, the accounts collected by the United States Sanitary Commission of the sufferings of our soldiers in Southern prisons are laid under contribution to the cause of science. "Through the kindness of Prof. W. H. Van Buren, of the United States Sanitary Commission, we have been enabled to make use of a MS. report to the Richmond authorities (now the property of the Commission) on the condition of the United States soldiers, prisoners of war at Andersonville, by Prof. Joseph Jones, of Augusta, Georgia." In his Preface, the author says:—"Such an opportunity for observing the effects of improper and insufficient alimentation upon large bodies of men has never been presented before, and probably will never occur again." We trust not!

The topics treated of in the present volume are—Hunger, Thirst and Inanition; Alimentation; Compound Alimentary Substances; Drinks—Quantity and Quality of Food; Digestion—Prehension and Mastication; Insalivation; Deglutition; Stomach-digestion—Gastric Juice; Action of the Gastric Juice in Digestion; Movements of the Stomach; Intestinal Digestion; Pancreatic Juice; Action of the Bile in Digestion—Movements of the Small Intestine: Action of the Large Intestine; Absorption; Imbibition and Endosmosis; Lymph and Chyle.

Essentials of Principles and Practice of Medicine. A Handy-Book for Students and Practitioners. By Henry Hartshorne, M.D., Professor of Hygiene in the University of Pennsylvania, &c. &c. Philadelphia: Henry C. Lea. 1867. 12mo. Pp. 417.

This little book is handsomely gotten up, clearly and ably written, and presents some original views of the author. But, we hope to be excused for entertaining the notion that the student, as well as the young practitioner, instead of relying on any abridged compendium of theory and practice, would do better to note down, in his hospital walks, or rounds of visits, points on which he may require light, and refer at once to the full-grown treatises of Watson, or Bennett, or others.

Massachusetts General Hospital.

[Surgical Operations for the week ending December 8th. Reported by C. B. Porter, M.D.]

1. *Staphyloraphy, with result.* By Dr. R. M. Hodges.—Patient was a girl, 17 years of age. There was fissure of the soft palate up to the palate bone. The operation, by the usual method, was performed on Friday, Nov. 29th, seven sutures of benzoinated silk being introduced. On the following Tuesday, the sutures were all removed, and four days later the patient was discharged from the hospital, with the fissure completely closed by a cicatrix hardly noticeable.

2. *Amputation of Arm.* By Dr. H. J. Bigelow.—This patient, an adult male, had undergone amputation of the forearm, just below the elbow, four months previous, the forearm having been crushed, with a badly comminuted fracture of the humerus. It was then decided in consultation to remove the arm just below the elbow rather than at the shoulder-joint, the operation being done by Dr. Gay, and followed, at the time, by an excellent result. The patient had returned to the hospital with a swollen, œdematous and painful stump, with ulcerated extremity. During a three weeks' residence in the hospital, the ulcer had healed and the œdema subsided. The stump is red, shining, and especially tender at one point of the cicatrix. The pain had steadily increased, shooting up the arm, in the course of the nerves, nearly to the shoulder. The inflammation was evidently aggravated by the proximity of the joint, which seemed to be also involved. In view of the neuralgic pain and of the inflamed joint, the arm was amputated just above the elbow. The median and ulnar nerves were drawn out from the stump and excised to the length of two and a half inches. The part of the arm which was removed showed, on dissection, both the median and ulnar nerves terminating precisely at the tender point of the cicatrix, in which they were involved, the former showing the usual bulb three fourths of an inch above. The articular surfaces of the joint were undergoing transformation, while the bones were adherent.

3. *Removal of Supernumerary Thumb.* By Dr. S. Cabot.—The patient was a man, with no other supernumerary part on hands or feet. This was attached to the first phalanx of the thumb at about its middle, with one joint as usual between the first and second phalanges of the thumb. It was removed at its articulation with the thumb.

4. *Parotid Tumor (recurrent).* By Dr. H. J. Bigelow.—Patient was a married woman, 63 years of age. The tumor, which was recurrent, had been removed ten years previous, and was then about the size of a goose egg, and of ten years duration. The present tumor, not quite so large as the former one, was situated just anterior to the cartilage of the ear, and had been rapidly growing for the past year, and was quite painful. A slightly curved incision was made over the tumor, from above downward through the integuments, and the tumor exposed. By careful dissection, the tumor was with some difficulty removed, owing to its being developed in the cicatrix resulting from the removal of the first tumor. Considerable hæmorrhage from the wound was controlled by ligatures and the wound closed by sutures. It proved to be the usual benign tumor of the parotid region, originally developed in the substance of the gland, and consisting of fibroid tissue intermixed with enchondroma.

5. *Hydrocele.* By Dr. S. Cabot.—Tumor was about the size of a small cocoanut, of the usual shape, but the testicle, instead of being behind was high up and in front. The trocar being introduced, only a part of the fluid was evacuated, owing to the existence of two sacs. The contents of the second sac could be

pushed through the external abdominal ring, but would slowly return on pressure being removed. There being some doubt with regard to the diagnosis, further operative procedure was deferred.

6. *Lipoma of Hip*. By Dr. H. J. Bigelow.—The patient was a woman, 37 years of age. The tumor, situated just below the crest of the ilium of the right side, was of three years' growth and of the size of an egg, and had been growing rapidly the past year. An incision, three inches in length, being made over the tumor, it was enucleated with the greatest ease by pressure, the knife not being used.

7. *Necrosis of Rib*. By Dr. S. Cabot.—Patient, an adult male, entered the hospital one year previous with a large abscess over left hypochondriac region, which was opened; carious bone was felt at the bottom of the sac, and the patient soon left the hospital with a fistulous opening, which has remained up to the present time. On examination with the probe, rough, denuded bone was felt, and removed by a burr-drill.

8. *Necrosis of Humerus*. By Dr. H. J. Bigelow.—This patient was a boy 17 years of age, who, two years before, had had typhoid fever, from which he had very slowly convalesced. About a year afterwards he had great pain in and swelling of the arm, followed by abscesses and fistulous openings over the head of the humerus and the outer condyle, communicating with diseased bone. *Operation.*—An exploratory incision was made over the head of the bone and another near the elbow-joint, both in the neighborhood of fistulous openings. The upper part of the shaft was found to be seriously diseased, as was also the case at its lower extremity, where the joint was also probably involved. There being no loose bone to be removed, and the patient being so weak as to render amputation somewhat hazardous, further measures were deferred in order to consult the patient's friends.

9. *Lipoma of Hip*. By Dr. H. J. Bigelow.—Patient was a man aged 59 years. The tumor, of twenty years' growth, was situated in the upper part of the right gluteal region, extending from the anterior superior spinous process of the ilium backwards to within two inches of the vertebral column, and downwards to the trochanter major, measuring at its base twenty inches in circumference. Patient being etherized, a long, thin amputating knife was thrust through the tumor at its base and made to cut its way out, the tumor being cut in halves, which were easily peeled from their bed, with the exception of a few adhesions which had been contracted with the skin, and were readily dissected away with the knife. A few small vessels being tied, the wound was closed by sutures.

10. *Operation for ruptured Perinæum*. By Dr. S. Cabot. This patient was a married woman, aged 34 years. Fourteen years ago, at the birth of her first child, which weighed eleven pounds, there was a complete rupture of the perinæum, extending up through both sphincters. The patient had no control over her evacuations, and of late had been suffering with almost constant diarrhœa. She had given birth to three children subsequent to the rupture. Twelve years ago, she had an operation performed in the country, though without success. *Operation.*—The cicatricial tissue resulting from the rupture of the old perinæum was first carefully dissected away, and the skin and mucous membrane on both sides, to the extent of about one and a half inches long and three fourths of an inch wide, the dissection commencing at the margin of the anus and extending upward. The edge of the recto-vaginal septum was then refreshed, removing about one fourth of an inch in width of the vaginal surface. The parts were then brought together by three pairs of needles; the first pair, being introduced about one third of an inch outside of the refreshed surface at the margin of the anus, were passed at this distance from the raw surface through the soft parts involved, emerging at one fourth of an inch from the refreshed margin of the posterior vaginal wall, and thrust deeply into a cork in such a manner as to stand parallel to each other and hold the raw surfaces in contact. Two other pairs were similarly introduced higher up, and converging to the same cork. Superficial stitches were placed one between each pair of needles, two at the fourchette, and one deeper, half way between the upper pair of the needles and the fourchette. The needles were then fastened together in pairs by a ligature

passed around them, and prevented from contact with the skin by pieces of cardboard and lint.

11. *Tenotomy.* By Dr. H. J. BIGELOW.—Patient was a boy. A case of exaggerated equinus. The plantar fascia was subcutaneously divided.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 12, 1867.

LEGAL RESPONSIBILITY OF EPILEPTICS.

A RECENT occurrence in Philadelphia has brought up the question of the moral accountability of persons habitually epileptic, in a manner calculated to direct the attention of the medical profession to this important subject with new interest, to lead, we hope, to valuable results. Dr. Isaac Ray, in an article on the subject published in the *American Journal of Insanity* for October, has given an account of the circumstances and discussed the questions involved, in his usual lucid and philosophical manner.

The facts of the case are briefly these. On the third of May last, George W. Winnemore was convicted in Philadelphia, before the Court of Oyer and Terminer, of the murder, on the 25th of April, of Dorcas Magilton. The unfortunate woman was found by her husband, on returning home after an hour's absence, with her throat cut, quite dead. The prisoner, who was an intimate friend of the family, admitted him to the house, saying that he had just come in, and found her in this condition. The evidence against the prisoner consisted of very few facts. A razor, identified as his, was found in the privy, two bank bills of two dollars each were in the pocket of the deceased the day before, and two bills of two dollars each were found in the prisoner's pocket. Two witnesses who had been looking from their windows towards the house for half an hour previously, contradicted his statement that he had come in only a few minutes before. In their defence, the prisoner's counsel contended that it was impossible to identify so common a thing as a razor, of which hundreds of thousands might be made after the same pattern; and that although the bills in his pocket were of the same value as those in the possession of the murdered woman the day before, their exact identity was not established; and, furthermore, that he was not pressed for money, and could easily have obtained it from a brother if he had needed it. The prisoner was shown to have been the victim of epilepsy from two or three years of age until he was ten or eleven years old, sometimes having thirty or forty fits in a day. Full evidence of his having been liable to fits subsequent to boyhood was not obtained until after the trial. The whole trial, however, seems to have been managed without a proper regard for the rights of the prisoner, and the question of his accountability to have been almost wholly ignored. The prisoner was arraigned eight days after the homicide was committed, counsel were assigned to him who had never seen him before, and who knew nothing specially of the case. They were compelled to come to the trial after only two days preparation, they were obliged to depend on chance for the witnesses that might appear, without any settled plan of defence or opportunity of consulting experts—who, if they had been called in, would have had no chance to examine the condition of the prisoner—much of the medical testimony was excluded, and evidence of the highest importance came too late, although the utmost despatch was used to obtain it. In this way, the evidence of the surgeon of his regiment that he was an epileptic, and was discharged from the service on that account, was excluded, although on its way as fast as the United States mail could bring it.

The reason given for hurrying through the trial with such precipitancy was, that the public good required that so foul a crime should meet with speedy retribution. The same spirit prevented a favorable answer to the prayer of the counsel for a new trial, and perhaps influenced the government in their consideration of the report of a committee of medical gentlemen, who visited the prisoner at the request of the counsel, a few days before his execution, and made an examination of his mental condition.

It was in evidence in the course of the trial that the prisoner had always been a quiet, inoffensive, well-disposed young man, who never had been guilty of a crime. He was a firm believer in what is called spiritualism, and was subject to the most extraordinary vagaries, which often put his mother and sister in bodily fear. Twice he had made attempts on his own life, and an uncle had committed suicide.

We are obliged to run over this interesting paper of Dr. Ray's in the most cursory manner, and have no room to refer to many of the extenuating circumstances brought out by him. We cannot forbear, however, to give our readers the document referred to above, testifying to the condition of the prisoner after conviction; it is given in the form of a petition to the Governor.

To his Excellency, JOHN W. GEARY:

The undersigned, all of whom have been engaged for many years in the care of the insane, have, this day, at the request of Damon Y. Kilgore, had an interview with George W. Winnemore, and in consequence thereof, beg leave to make the following statement:

Winnemore now, and probably for some time past, shows indications of an abnormal state of mind; of a mental condition which may be attributable to the epileptic fits to which he has been subject from infancy. In regard to its degrees and kind, we feel unable to speak exactly, because one interview, though prolonged to between two and three hours, was not sufficient for the purpose.

We would also state, that epilepsy, especially when of long duration, oftener than otherwise impairs the mental powers, sometimes in one way, sometimes in another, and therefore, whenever an epileptic is charged with crime, nothing less than an exhaustive investigation of his history and of all the circumstances of the case, can remove the suspicion that the crime may have been committed in one of those abnormal conditions that are so often the sequel to epilepsy.

In consideration of these facts, therefore, we respectfully pray your Excellency to stay his execution for a few weeks, in order that a deliberate scientific investigation of Winnemore's case may be made by the undersigned.

ISAAC RAY, M.D.,
Late Superintendent of the Butler Hospital for the Insane at Providence, R. I.
J. H. WORTHINGTON, M.D.,
Superintendent of Friends' Asylum for the Insane, Philadelphia.
J. PRESTON JONES, M.D.,
Assistant Physician Penn. Hospital for the Insane.

These gentlemen speak of the prisoner as a young man of a quiet, ingenuou manner and cheerful expression. He protested his innocence most emphatically, but expressed himself as willing to die, as he was to be sacrificed for some wise and good purpose known only to God. The prayer of their petition, however, was not granted.

We cannot follow Dr. Ray in all the interesting particulars which he gives of this unfortunate young man's physiological condition, but must be content with a brief extract from his argument upon them, and his statement of the impressions which the facts made upon him.

> Whether from hereditary predisposition or not, it is obvious that the prisoner was born with a nervous system strongly inclined to morbid manifestations. One of these, which actually made its appearance at a very early period, was epilepsy, which of all the forms of cerebral disorder, stands among the gravest. Coincident with this, either as a direct effect, or a collateral result of the original nervous defect, there appeared in childhood instances of unconsciousness, which, pathologically considered, may be affiliated to somnambulism and catalepsy. [A state of mental unconsciousness, not syncope, previously described, which lasted several hours at a time, and in which he did acts which he had no knowledge of afterwards.—Ed.] And these continued to occur through the latter years of his life, though not perhaps in so well-marked a form. It could hardly have been expected that his intellectual operations would entirely escape from the influence of this abnormal condition of the nervous system. Hence his distaste for exact and practical knowledge requiring continuous attention and effort, and his fondness of reverie and dreamy speculation, which needed neither discipline nor preparation. * * * *
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> For legal purposes it might seem necessary to separate the epileptic element from the rest, and ascertain the precise amount of its influence upon the moral character and conduct. But the elements of nervous disorder were too long and too intimately associated together to allow of this. Even under very different circumstances the effect of epilepsy on the mental manifestations is often determined, somewhat, by the training and habits of the individual. Not to the same extent, certainly, that mania is, but enough to be taken into the account in any psychological estimate of its consequences. In this case it may have had the effect of rendering his notions on certain subjects still more extravagant and remote from the line of common belief than they would otherwise have been. Whether or not it ever produced delusions, is a point on which the evidence is not very clear. His spiritualistic experience was that, for the most part, of thousands of other people never supposed to be insane, and yet it is difficult to draw the dividing line between this kind of experience and downright insanity. * * * *
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> Spiritualism in any shape is a matter of temperament rather than a deduction of evidence and reason, and thus is furnished an additional proof that Winnemore was endowed with a nervous system peculiarly liable to abnormal activity. I do not mean to convey the idea that the facts of spiritualism are entirely the creation of fancy or of fraud. Many of them are susceptible of proof, and are attested by evidence that places them beyond a reasonable doubt. They indicate the existence of agencies, certainly, that have not yet been admitted into the philosophy of the schools. It is to be regretted that the prevalent tendency is to ignore them entirely, rather than to make them a subject of scientific investigation. It is surprising that physicians, especially, with such well recognized affections before them as catalepsy, somnambulism, ecstasies and double consciousness, should jump to the conclusion that all the facts of spiritualism and animal magnetism are utterly anomalous and impossible.
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> Winnemore's notion about his being a victim, which might seem, at first sight, to be a genuine delusion, was, probably, only a rational notion carried to the utmost verge of extravagance. When his innocence should be proved hereafter to the satisfaction of everybody, as he believed it would, the consequence would be an utter change of popular opinion on the subject of capital punishment, and thus he might regard himself as a sacrifice offered up for the good of humanity—not merely as a martyr whose blood, in the ordinary and regular course of events, would become the seed of a great benefit, but as the favored child of a magnificent destiny prepared and arranged in the councils of the Almighty.

Dr. Ray, in conclusion, seems to incline to the opinion that Winnemore, if guilty, did the act in one of those states of unconsciousness to which he had been subject, but which were not testified to at the trial. He closes his paper as follows:—

> In view of what we already know of epilepsy and of what still remains to be learned, we have a right to require the utmost circumspection and the closest investigation whenever the legal liabilities of epileptics are in question. The fact of its existence being established, is it going too far to say that legal responsibility is presumptively annulled, and that the burden of proof lies on the party that alleges the contrary? People are scarcely ready for it yet, perhaps, but to that complexion will they come at last.

We lay this hasty sketch of this most painful case before the profession, in the hope that it may direct their minds most seriously to the important medico-legal questions which it contains. The evidence of the medical men summoned as witnesses seems to have been of the most unsatisfactory character, and worse than useless. Dr. Ray's paper should be read by every one who has the misfortune to be called to testify in such a case.

Dr. J. Stedman of Jamaica Plain suggests, in a note to us, as a convenient apparatus for inflating the lungs in cases of asphyxia, the double-bulb apparatus used for atomization, fitted to the nozzle of Codman & Shurtleff's nasal douche instrument. In this way pure air can be forced into the lungs of the asphyxiated person, instead of air partially vitiated, as it would be if blown through a tube by the mouth. He also suggests the use of the bulb apparatus for inflating air-pessaries, and for distending the bowels with air in cases of intestinal obstruction.

With regard to the first suggestion, which we had in our minds at the time we wrote the article on Resuscitation of Asphyxiated Persons, it is undoubtedly a good one, but the difficulty would be to have the instrument at hand at the moment when it is wanted. In these smoking days, some kind of a tube cannot be far off under any circumstances; and although air blown from the lungs of the operator is not so pure as that which has not been inhaled, yet practically it cannot be much vitiated if he takes a full inspiration before commencing the process. We had already applied the proposed apparatus for the second purpose suggested. It would, undoubtedly, furnish an excellent form of bellows for the third.

A Generous Offer.—Why our profession does not write more for the journals is a question we have seen canvassed of late in our exchanges. It is believed that much of scientific value is lost to the reader, through the backwardness of practitioners to steal time from their laborious duties to contribute to the periodical literature of the day. But the subject is now approached in a different manner, and solely with a view to the advantage of the contributor himself. A medical friend (whose liberality has become almost an every day affair), feeling the importance to the younger members of the profession of committing their ideas and observations to paper, makes the following offer. He will cause the Boston Medical and Surgical Journal to be sent, for one year, and free of expense, to practitioners of not more than ten years standing, who may write for the Journal, one original article each, of not less than three (3), nor more than six (6) printed pages, on any subject of current practical or professional interest;—the articles to be accepted by the Editors of the Journal, and the number of the representatives of "young Physic" to be thus favored, not to exceed ten. Of course articles intended to compete for this distinction are, when sent in, to be so designated by their authors.

Diet and Health of the English and French Canadians.—In our issue of October 17th, we printed a statement, taken from the *Union Medicale*, and made at the recent International Medical Conference, by Dr. Kingston of Montreal, to the effect that the French Canadians eat much more animal food than the English, and are much less liable to pulmonary diseases. The *Canada Medical Journal* denies the truth of these statements and says :—

> Comment on this point is unnecessary, as those acquainted with the facts as they stand are fully aware that the Canadian population of English, Irish, and Scotch descent are universally superior in physique and appearance to those of their French Canadian fellow colonists.
>
> We cannot agree with the doctor in the other point at issue, viz., that pulmonary diseases are more frequent among the British and less so among the French population, as from experience we hold that diseases of the lungs are quite as prevalent with the one class as with the other. We only refer to this subject because we cannot allow a question having such important bearings on the salubrious character of our country to go unchallenged.

Phenic Acid in Surgery.—In Paris, phenique acid is, at present, king over all other remedial agents, and, as a surgical dressing, is particularly so with Maisonneuve. Charpie, saturated with a solution of this acid, is applied to every breach of continuity of surface by this doughty professor, and with the assurance in his teachings that it obviates nearly all the secondary surgical accidents. A tin wash-dish containing the inevitable embrocation, is a conspicuous object at every bedside, and by the side a small stack of charpie, from which, as he arrives, he snatches a handful, dabs it in the solution, and, with a vigorous hand, slashes it on to every variety of diseased or abraded surface, from vulva to remotest parts. He does not attempt union by "first intention," and this is true of all the Paris surgeons at the present time. * * *

At the Pitié, we find Désormeaux. His clinics are well attended and very popular. His hobby is, as you are aware, the endoscope. I had the pleasure of looking through it many times, as he is very obliging, and takes great pleasure in giving ample explanations of the method of using it. In his hands, it certainly performs all that has been claimed, and reveals the bladder and urinary passages wonderfully well. It must soon be an indispensable appendage to every surgeon's armament.—Dr. J. W. Freer, in *Chicago Medical Journal.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, December 7th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	54	43	97
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.3	36.6	75.9
Average corrected to increased population - - - - -	00	00	83.9
Deaths of persons above 90 - - - - - - - -	1	0	1

Erratum.—On page 350, in our issue of Nov. 28, for "Herrick" read *Frerichs.*

Married,—At South Reading, 3d inst., J. R. Mansfield, M.D., of New York City, to Miss Mary R., only daughter of Dr. William G. Skinner, of S. R.

Deaths in Boston for the week ending Saturday noon, Dec. 7th, 97. Males, 54—Females, 43. Accident, 1—apoplexy, 1—disease of the bladder, 1—hæmorrhage of the bowels, 1—congestion of the brain, 2—disease of the brain, 2—bronchitis, 5—cancer, 1—consumption, 15—convulsions, 3—croup, 5—debility, 2—diphtheria, 4—dropsy, 3—dropsy of the brain, 2—dysentery, 1—epilepsy, 1—scarlet fever, 9—disease of the heart, 4—infantile, 1—jaundice, 1—congestion of the lungs, 4—disease of the lungs, 2—inflammation of the lungs, 8—measles, 2—paralysis, 2—peritonitis, 2—premature birth, 2—tonsillitis, 1—tumor, 1—unknown, 8.

Under 5 years of age, 47—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 71—Ireland, 17—other places, 9.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVII. THURSDAY, DECEMBER 19, 1867. NO. 20.

SYNOPSIS OF SOME IMPORTANT IMPROVEMENTS IN THE TREATMENT OF OBSTINATE ORGANIC STRICTURE OF THE URETHRA AND URINARY FISTULÆ.

By T. H. SQUIRE, M.D., Elmira, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

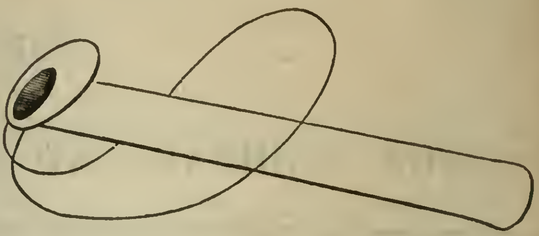
THE treatment of obstinate organic strictures of the urethra has been an inviting subject for surgeons in these modern times, and many are the plans which have been proposed for combating this troublesome difficulty. Whilst I do not propose, in the present article, to give a history of these different plans of treatment, or to go into any lengthy discussion of the merits of any of them, I will simply assume, by way of preface to what I am about to offer, that the treatment by *temporary dilatation*, by *continuous dilatation*, and by *internal urethrotomy*, covers most of the plans of anything like universal merit now advocated in standard works, or taught by the best teachers of surgery. The improvements to which I shall now call the attention of the profession appertain, mainly, to some new instruments, designed to be of service in carrying out that plan of treatment called *continuous dilatation*.

With reference to the treatment by means of these new instruments, instruments which I have denominated *uriducts*, the urethra may be divided into three portions.

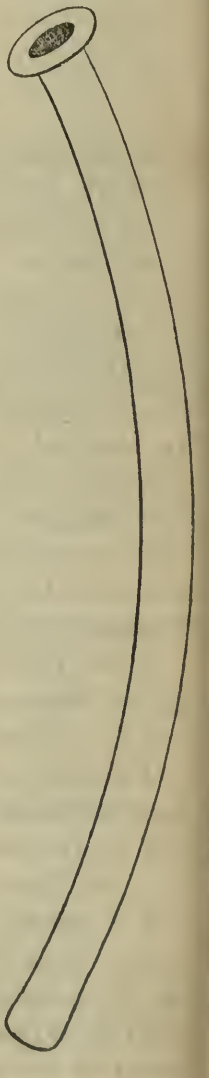
The first portion extends from the meatus urinarius to within a short distance of the suspensory ligament. It is from one and a half to two and a half inches in length. Its direction may be said to be uniformly rectilinear.

The second portion embraces the region of the suspensory ligament. It is from one and a half to two and a half inches in length, and its natural direction is that of an abrupt curve, the concavity looking downward; but its direction varies with the varied movements of the penis.

The third portion extends from the posterior limits of the second portion to the prostate gland. It is, also, from one and a half to two and a half inches in length. Its direction, which is uniformly the same, is that of a gentle curve, the concavity looking upward.



The uriduct, designed for the continuous dilatation of strictures of the first portion of the urethra, may be represented by the annexed figure. It is made of gold or silver, and consists of a simple straight tube, from one and a half to two and a half inches in length, and of such a size as the surgeon may think proper. The tube terminates, outwardly, by a button-like expansion, to rest upon the glans penis, and, inwardly, it terminates by a thick, smooth, rounded lip, to prevent chafing of the mucous membrane. The ends of a delicate, flexible silver wire, of sufficient length to encircle the neck of the penis, are attached, about a quarter of an inch from each other, to the lower margin of the button-like expansion, and by this means the uriduct is held in place. This instrument is so perfect that it can be worn, without the slightest trouble or inconvenience, for any length of timé, and while it is in use all the inconveniences of an organic stricture of the meatus, or of the anterior portion of the urethra, are removed.



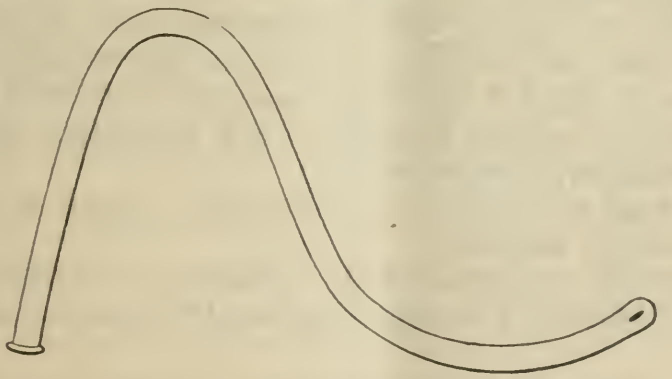
As an instance of its utility: I was consulted, about four months ago, by a brother surgeon with regard to a patient of his, with obstinate organic stricture of the meatus. All the ordinary means of cure had been used for a long time, with only temporary relief, and both physician and patient were constantly annoyed by the rebellious difficulty. I furnished the patient with a uriduct, such as I have described, and he finds it a perfect relief. He wears it all the time, and feels no more inconvenience from it than one does from a plate of false teeth in the mouth.

The uriduct designed for the continuous dilatation of strictures of the second portion of the urethra, may be represented by the second figure. It is a gold or silver tube, four or four and a half inches in length, having a gentle curve, mainly towards its distal extremity, and having a small, circular, button-like expansion at its pavilion. This instrument is intended to rotate, or revolve on its axis, with the various movements of the penis, so as to adapt itself to the varying direction of that part of the urethra which it is designed to dilate. I have not been able to devise any very neat or scientific arrangement for securing this uriduct in place, and have been obliged to allow patients to devise their own means of accomplishing this object. This instrument is exceedingly simple, and it fulfils admirably the indications it was designed to meet. I will give a typical case, illustrating its benefit.

A patient applied to me, in a wretched condition, with urinary fistulæ in the perinæum, the scrotum and the groins. He had a stricture of more than twenty years' standing, situated three and a half inches from the meatus. It had caused him a world of trouble, and had baffled the skill of many surgeons. When he sought my aid, he had made no water by the meatus for the space of fourteen months. The prepuce, the penis and the scrotum were enlarged, indurated and deformed, and they were the seat of a troublesome chronic eczema. There was great irritability of the bladder, so that the patient obtained but little rest, day or night. He was virtually excluded from society, and life was a torment to him.

His stricture was of a cartilaginous or non-dilatable character, and, after performing internal urethrotomy, with an instrument presently to be described, I inserted a uriduct like the one figured above, which uriduct he continued to wear till all the consequences of the stricture had passed away and the patient's health was fully restored. He continued to use the instrument, more or less, as long as he lived. He died of inflammation of the lungs, four years after the cure of the stricture. A convenient method of keeping this uriduct in the canal is by means of a piece of cloth, or oil-silk, folded over the end of the penis and secured with a tape or an elastic ring.

The uriduct designed for the continuous dilatation of strictures of the third portion of the urethra, may be represented by the following figure, drawn to a scale of half the size of the instrument. The idea sought to be realized in this uriduct, or catheter of double curve, is *to have it conform exactly to the natural direction of the urethra, when the parts are in their quiescent or passive state.* When this is the case, the instrument *stays in the urethra itself.* It hangs, as it were, upon the suspensory ligament, with no tendency to penetrate too far into the bladder or to escape from the canal. The length of



this instrument is such that, when the pavilion is just without the meatus, the beak is just within the bladder.

This uriduct is not only useful for the continuous dilatation of rebellious strictures of the deeper parts of the urethra, but it is serviceable also in all cases where it is desirable to retain a catheter for any length of time in the urinary reservoir. Where there is enlargement of the prostate gland in old persons, it is often of the greatest convenience; and in the treatment of gun-shot wounds of the urethra and the bladder it can hardly be dispensed with.

After the battle of Antietam, I had a soldier under my care who wore an instrument of this kind during the healing of a gun-shot wound of the membranous portion of the urethra, and, by its use, the canal was restored, without urinary fistulæ. So little inconvenience was produced by the presence of the instrument in the urethra, that, much of the time, the patient was dressed and walking about the hospital grounds.

After testing the value of this improved catheter for more than seven years, I feel that I can hardly overestimate its virtues. It does away with the necessity of those unscientific and unsatisfactory adjuvants which are commonly resorted to, to keep the old-fashioned catheter in the bladder; and, being in the form of a syphon, it allows the flow of the last drop of urine from the bladder, whilst the patient is supine in bed, a fact which cannot be said of the metallic catheter of single curve.

With the use of the uriducts which I have now described, the treatment of obstinate organic strictures of the urethra by continuous dilatation receives a new importance. Many of the objections heretofore urged against this plan of treatment have had their foundation in the imperfection of the instruments employed in carrying it out. The common rigid catheter of single curve was originally invented for the sole purpose of momentary use in relieving the bladder in cases of retention. It was an after-thought—a kind of make-shift—by which it afterwards came to be tried in the urethra for the relief of organic strictures. For this latter purpose it is open to the following objections:—

1st. Its beak is a source of irritation and danger to the mucous membrane of the bladder.

2d. It defeats the office of the sphincter or elastic ring at the neck of the bladder, a function that would otherwise be properly performed.

3d. The projecting external extremity prevents the patient from wearing the ordinary habiliments of dress—a most serious inconvenience, sufficient of itself to exclude the individual from society.

4th. The necessity of some arrangement, at the pavilion, to prevent the constant escape of urine, which arrangement is a trouble to the patient every time he wishes to empty the bladder.

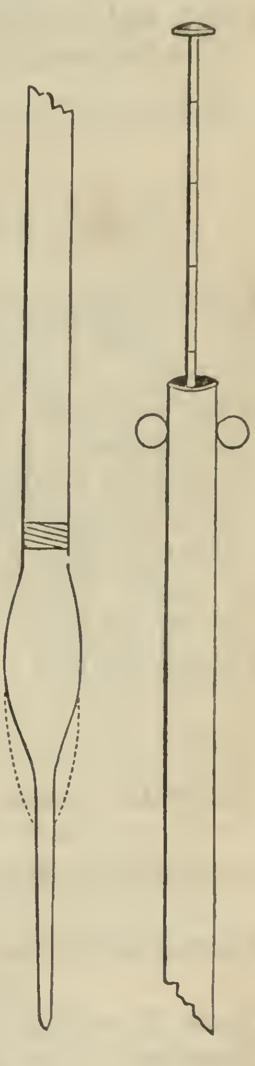
5th. The difficulty of retaining this instrument in place by any simple and satisfactory appliance.

6th. The bar which is thus imposed upon the natural movements of the penis.

7th. The restraints which are placed upon the movements of the whole body, denying the patient all rapid motion and violent exercise, requiring, even, that he should walk slowly and with care, that he should sit and lie in constrained postures, having the mind vigilant, both waking and sleeping, to prevent the occurrence of harm. This is also a great inconvenience, making an otherwise active man sedentary, solitary and sad.

None of the objections here enumerated appertain to the first and second uriducts which I have described, and only two of them appertain to the third, or catheter of double curve.

I should transcend the purposes of this article were I to enter upon any of the arguments which might be adduced in support of the intrinsic merits of *continuous dilatation*, as a means of overcoming the evils of rebellious strictures of the urethra; but if this mode of treatment is not without its advocates among the best of modern teachers, even when practised with the faulty instruments now generally recommended and used, it certainly commends itself much more strongly to our favor, with the improvements which I have here introduced. This treatment is the same, in principle, as that which has long been in use, with good results, in the management of stricture of the nasal duct, with fistula lachrymalis.



In some instances, as an antecedent step to this mode of treatment, it is necessary to resort to the operation of internal urethrotomy. The accompanying figure represents my urethrotome. It consists of an external shield and guide, and an internal blade and handle. The shield* is a straight tube, as large as the external orifice of the urethra. At its extremity, opposite the pavilion, it is contracted to the size of a catheter No. 1, and is continued of this size, under the name of guide, to such a length as may be required by the circumstances of the case. The blade is oval in form, of the same width as the shield, and is furnished with a slender handle, projecting from the proximate end of the instrument, of the same length as the shield and guide.

When sheathed, during the introduction of the instrument, the blade is concealed in the anterior part of the shield, where it remains, harmless, till the guide has traversed the stricture, when, still directed by the guide, which is cleft bilaterally, it is made to advance through the strictured portion of the canal, fulfilling the object in view, after which it retires to its hiding place, and the instrument is withdrawn.

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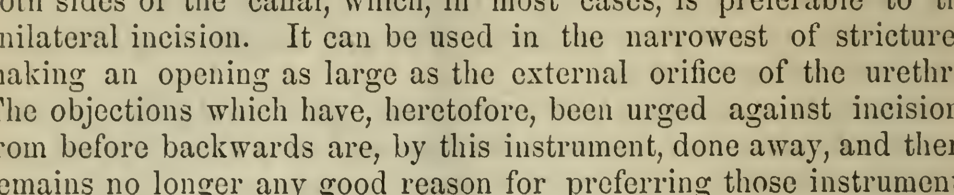
* The short diagonal lines running across the shield of the urethrotome are inserted to show that the instrument goes together there with a screw.

This urethrotome is very simple, and perfectly safe. It cuts upon both sides of the canal, which, in most cases, is preferable to the unilateral incision. It can be used in the narrowest of strictures, making an opening as large as the external orifice of the urethra. The objections which have, heretofore, been urged against incisions from before backwards are, by this instrument, done away, and there remains no longer any good reason for preferring those instruments which cut from behind forwards, although some of them are very simple and satisfactory.

The following figure represents an improvement upon the ball-headed bougie usually employed for ascertaining the posterior limits of a stricture of the urethra. The tactile extremity of this exploring bougie, instead of being a simple sphere, is elongated till it becomes a cylinder, an inch or more in length. The advantages o this instrument are, that it is much more easily introduced than the ball-headed bougie, and, when introduced, having a much larger surface in contact with the walls of the urethra, beyond the stricture, it communicates a more definite and reliable impression to the sense of touch. The shaft of this bougie is graduated, in order to measure the distance of the stricture from the meatus. Any of these instruments may be obtained of Tiemann & Co., New York.



SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by David W. Cheever, M.D., one of the Visiting Surgeons.]

Fifteenth Paper.—*Traumatic Herniæ of Omentum. Strangulated Herniæ. Double Radical Operation.*

Case X.—*Traumatic Hernia of the Omentum.*—(Service of Dr. Cheever.) The patient, a robust young man, received a prick in the abdominal wall, near the umbilicus, with a pocket knife. I saw him two hours after the accident. As much of the greater omentum as would fill a tablespoon was protruding through the small opening made by the knife. There were no constitutional symptoms. A physician called had applied warm fomentations to the hernia. The omentum not cold, nor livid. It was washed; the wound of the parietes enlarged, and the omentum returned. The patient recovered promptly.

Case XI.—(Service of Dr. Cheever.) The patient was picked up in a state of intoxication, and put in the Tombs. It was found, in the morning, that he had a wound of the abdomen, and something protruding. The wound must have been inflicted by himself, or others, over night. He was sent to the hospital. A portion of the omentum, as large as an egg, was protruding through a small hole of the abdominal parietes, near the umbilicus. It was cold, dirty, livid, and looked as if it had been out for some hours. Patient still under the effects of liquor. No constitutional symptoms. It was judged imprudent to return the omentum, and it was strangulated with silver wire. No symptoms followed, beyond an attack of delirium tremens. The omentum sloughed off in six days, and he was discharged, well.

Case XII.—*Femoral Hernia strangulated for four Days; Operation; Recovery.*—(Service of Dr. Cheever.) Mrs. M., 40 years old, had had femoral hernia for many years. Her truss, having become worn, did not control the rupture. After working all day with the rupture down, she was awakened in the night by colicky pains near the umbilicus, followed by one stool. Next morning, the pain recurred, with nausea. No further motion of the bowels until after the operation. Vomiting of a distressing character set in the second night, with pain and constipation. The matter vomited was, first, the contents of the stomach; next, bile; next, mucus from the duodenum; then, chyle from the small intestine, coupled with a foul-smelling mass from below. The vomiting was never fæcal, nor even stercoraceous, nor have I ever seen it so. It appeared intestinal; thick, conglomerated, homogeneous, and offensive. It recurred, at intervals, for three days, with constipation, a cool, moist and shrunken skin, and feeble pulse. These symptoms, at no time very violent, were controlled by opium; so that, in the intervals, a great apparent amelioration appeared.

After four days' delay, she consented to have an operation done. The sac was opened, the stricture cut, and the bowel, which was deeply congested, but not gangrenous, returned within the abdomen. She recovered perfectly—a spontaneous evacuation of the bowels occurring within a few hours after the operation.

The interesting points of this case were: the mildness of the symptoms for four days, and the deceptive amelioration produced by opium. We can easily conceive that a continued use of this drug might lead to a fatal delay.

The cool, moist skin, indescribable shrunken aspect, and the nature of the vomit, were the symptoms most indicative of the mischief going on unseen.

It will be understood that an operation was urged on the patient from the beginning of the case.

CASE XIII.—*Strangulated Hernia relieved by Operation; The Canal closed by wire Sutures, left in permanently.*—(Service of Dr. CHEEVER.) J. D., æt. 17, was born with double inguinal hernia, and wore a truss until he was 6 years old. From that time he had no trouble until two days since, when, on making a sudden exertion, the rupture reappeared on the right side, and soon showed signs of incarceration. Patient had severe pain all night, and vomited three times. The following afternoon, he was seen by his family physician, who applied taxis, under ether, without success.

On being called to him, I advised his removal to the hospital, and as it was then late at night, and the symptoms not urgent, he was put to bed, with hop fomentations and a full opiate. The hernial sac lay in the inguinal canal, and the constriction was at the inner ring.

April 30th.—He was etherized, and, taxis having failed, herniotomy was performed. An incision having been made over the tumor, a hydrocele of the cord was found below the outer ring. The sac having been reached and laid open, a half ounce of serum escaped. The constriction was found very high up at the inner ring, and divided. The bowel was congested, and infiltrated with serum, but there were no signs of gangrene. The bowel having been returned, the two pillars of the canal were drawn together by a single, stout wire suture. The ends were cut short off and left in the wound, and the skin closed by one stitch.

With the exception of a mild attack of rheumatism, the case went on perfectly well. The wires kept up suppuration for six weeks before the sinus had so far closed that he could be let up with safety. Meanwhile, a large amount of lymph was effused. There was no suffering, and no orchitis. At the end of six weeks he was let up, with a spica bandage. There was no relapse of the bowel. The ulceration remaining was one inch long by one half broad. The sinus discharged thin serum.

On July 1st, he was discharged from the hospital, with the wound nearly closed, and allowed to go about without a truss.

Aug. 1st.—Three months since the operation, he reports himself well. Wound closed; no soreness; still a large effusion of lymph around the wire; no truss; no bulging of the abdominal wall, or bubonocele. Time must prove the event.

The question to be solved, as to the use of wires after herniotomy and their permanent retention, is: on the one side, a protracted convalescence; on the other, immunity from return of the hernia and freedom from a truss—provided the wires become encysted and the occlusion of the rings lasts.

Note.—Nov. 17th, six months since the operation. The wound has re-opened, portions of the wire have been discharged, and the hernia has returned.

CASE XIV.—*Double Oblique Inguinal Hernia; Operation for a radical Cure.*—(Service of Dr. CHEEVER.) The patient, a young man 20 years of age, has a congenital inguinal hernia on the left side, and on the right, one of two years' duration. Both are reducible, and have not troubled him much until recently. Now desires an operation.

June 14th.—The patient having been etherized and the hernia reduced, an incision, an inch and a half long, was made through the skin of the scrotum, on the left side. The skin and cellular tissue were thoroughly freed from the spermatic fascia for an inch all round the incision. The spermatic fascia and sac having been invaginated on the forefinger, the hernia-needle was passed up through the inner pillar and conjoined tendon, high up near the inner ring. The needle emerging through the skin of the abdomen was threaded with large size (No. 20) copper wire, electro-plated, and withdrawn. Next the needle, unthreaded, was passed through the outer pillar and Poupart's ligament, and up through the same opening in the skin, the other end of the wire hooked on and withdrawn, leaving the loop over the abdomen, and two free ends below, emerging from the scrotal incision. These two ends were now crossed through the spermatic fascia and sac, by passing the needle across from within outward, and threading one end and drawing it across, and *vice versâ.* Finally, the needle was passed through the conjoined tendon close to its insertion, and the outer end of the wire hooked on and drawn through; then the needle was passed through the insertion of Poupart's ligament, close to the spine of the pubes, and the inner end of the wire hitched on and drawn through. We now had the loop above, the two free ends below, and, between them, a complete figure of eight, formed by two stitches through each pillar and by the crossing through the sac. The lower ends were twisted together, and drawn up into the canal by pulling on the loop above, which was then twisted down into the skin. The ends were then secured over a roller. The other side was operated on in precisely the same manner, and a double spica bandage applied over all. The patient was put to bed, with the knees flexed over a pillow. One fourth of a grain of morphia was given subcutaneously.

Moderate swelling of the scrotum supervening on the second day, the bandage was removed, and the scrotum slung. Moderate suppuration came on, but no constitutional disturbance. The wires were removed on the tenth day. The discharge had nearly ceased, and he was allowed to sit up, with a spica bandage, at the end of the three weeks. At the end of four weeks he was discharged, with a light, double Wood's truss. There was a firm effusion of lymph, and no signs of weakness on coughing.

The experience of the past year has led us to modify somewhat our opinion of Wood's operation for the radical cure of hernia, as expressed in a clinical lecture delivered and published in 1866.* Of the twenty cases there published, we may fairly eliminate seven, as operations either abandoned (1), lost sight of (2), or performed on improper subjects, viz., very obese or too old men, and large direct herniæ (4). This leaves a total of *thirteen* fair cases. Of these, three only were then put down as successful. Two were classed as recent operations. Both these latter cases—young men—at the end of a year, are well. They are now without trusses, and with no evidence of relapse. This would give *five* entirely successful cases out of thirteen, or 38½ per cent. of success. It will be remembered that Mr. Wood claims a percentage of seventy. Should the case just narrated prove favorable, we should have 50 per cent. of success.

It is fair to conclude that the later cases of our own were operated on more thoroughly than the earlier ones. In the last case, indeed, as we have said, a much more perfect occlusion of the canal and rings was effected by additional stitches. It is fair, too, to say that the operation is as safe as any one in surgery. In twenty-one cases we have had no bad result.

As we said in the article referred to above, we repeat now—" The operation palliates, if it fails to cure. It may render an uncontrollable hernia controllable by a truss. It tends always to reduce the size of the rupture; and it gives nature a chance to restore the parts by retention and adhesion. It will cure some adult cases, if they be selected with care and judgment.

" It will fail to cure some adult cases. It affords the best chance of a perfect cure in children from 6 to 12 years of age—after infancy and the first dentition are over, and during the formative period before puberty. Nature then tends to close up the rings, and the adhesive inflammation set up by the operation, even if but temporary, is of great assistance in furthering this desirable result.

" It is true, that the same end may be sometimes attained by trusses—but they must be very faithfully applied for a long while, and an operation shortens this period essentially."

We cannot do better than to quote the following summing up of Mr. John Wood, of London, in a letter addressed to us in answer to some inquiries :—

" In children before puberty, and in young men, the success of the operation is so decidedly superior to the great uncertainty, and, when probable, the slowness of cure by truss pressure, and the symptoms are so slight after the operation, that I should not hesitate in submitting myself, or a child of mine, to it, rather than to endure the inconvenience and risk which a hernia, supported by a truss only, entails. After all, it is an operation of expediency. No man is justified in pressing it on his patient. He should lay the facts before him fairly, and leave it to him to decide."

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* Boston Medical and Surgical Journal, July 5, 1866.

GONORRHŒAL RHEUMATISM.

By Francis B. Greenough, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

The existence of a gonorrhœal rheumatism, that is to say, of an affection coming on during the course of an attack of gonorrhœa, which in its gross aspect resembles rheumatism, seems at the present day to be pretty generally admitted. There are, however, some authorities who deny that there is any connection between the two pathological processes, considering them to be merely accidentally combined, in the same way as a gonorrhœa and pneumonia might be. Of this party Thiry must be considered the leader; he will allow no connection between the articular affection, which he considers as common rheumatism, and the urethritis.

On the other hand, the majority of writers believe that the affection of the joints is dependent on, and caused by, that of the urethra, and that it is in no way a rheumatic affection, having nothing in common with the latter beyond the anatomical position of its manifestations. Such is the opinion of Hunter, Sir Astley Cooper, Ricord, Diday, Rollet, Zeissl, Fournier, Bumstead, and in short, of by far the greatest majority of writers on the subject.

The arguments that may be advanced to show that the connection between the rheumatic and gonorrhœal affections is something more than a chronological one, are briefly stated, as follows:

I. The co-existence of these two diseases is too frequent to be dependent on chance alone.

II. Supposing that it were due to chance alone, as the number of cases of gonorrhœa in which this complication arises is very small, compared to those in which it does not, any patient who had been afflicted by this complication once, would stand an extremely small chance of ever having the same coincidence happen again. As a point of fact we find that on the contrary many cases are reported where the combination has happened again and again; one case being recorded by Brandes where the rheumatic attack was repeated six times, each time appearing during the course of a clap. Moreover, these same patients who are troubled with rheumatic pains every time that they have an attack of gonorrhœa, are never so affected at any other time.

III. Gonorrhœal rheumatism, moreover, is not identical with ordinary rheumatism, but is a disease sui generis; it lacks, on the one hand, some of the characteristics that are peculiar to common rheumatism, while, on the other, it has some manifestations which the latter has not.

Such are, in brief, the arguments in favor of the existence of a gonorrhœal rheumatism as such, and if true they are certainly conclusive. It is, however, the truth of these statements that is denied by the opposite party, and the question resolves itself into one of accuracy of observation between the two parties. One fact, however, should not be lost sight of, and that is, that one well-authenticated piece of positive evidence is worth more than a thousand negative ones. In other words, if we can find records of cases reported by men worthy of credence (and surely none can be more so than the names already mentioned), the mere fact that others have not happened to see similar cases proves nothing.

The great objection used against the existence of a gonorrhœal rheumatism, is that we cannot understand how a urethral affection should produce such effects. Unluckily we cannot in medicine refuse belief in everything that we cannot explain. The tendency to do so is the natural result of the many important discoveries that have in modern times been made in our profession, by means of which many facts which formerly rested on an empirical basis, are now seen to be in accordance with the laws of modern physiology and pathology. We must, however, remember, that we are far from having arrived at the end of knowledge, and for a long time yet, well-authenticated clinical facts must be accepted even when, *à priori*, they seem impossible. That a local inflammation of the urethra should produce symptoms in the joints does certainly seem strange, and it has been attempted to explain this fact by the use of the terms metastasis, repercussion, sympathy, reflex action, in short by the whole list of those words, which, as commonly used, occupy the same position in medicine, that the letters *x*, *y*, and *z*, do in mathematics, *i. e.* represent unknown quantities.

However strange and inexplicable the connection between the urethral and rheumatic affections may be, it is not without an analogy. Every surgeon knows that the urethra is a peculiarly sensitive part, and that by its irritation various symptoms are not unfrequently called forth; as, for example, by catheterization. It is not very uncommon that the passing of a bougie should be followed by general feverish symptoms, sometimes by nausea and chills; of this there can be no doubt.

The cause of gonorrhœal rheumatism must be considered to be the gonorrhœa itself, as all the influences on which ordinary rheumatism seems to depend, such as exposure to cold and dampness, hereditary tendency, &c. &c., seem in this case to play no part at all; another strong proof, by the way, of the essential difference between the two diseases. Statistics show that it is not a gonorrhœa as such, that calls forth these manifestations, but only an urethral gonorrhœa. No cases have been reported, where these rheumatic symptoms have been found accompanying balanitis or vaginitis without urethritis; hence probably its comparative rarity in the female sex.

The parts most frequently affected by gonorrhœal rheumatism are the joints; in fact, some authorities of great weight, as Zeissl,* state that they have never seen cases where the muscles or tendons were involved. Fournier,* on the contrary, claims that although the joints are most frequently affected, other parts of the body are not exempt. He gives the following table of frequency.

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* Weiner Allgemeine Mediz. Zeitung, 1864, No. 40. Tripper-rheumatismus von Prof. Zeissl.

1. The articular synovial membranes were affected 51 times.
2. The synovial sheaths of tendons " " 10 "
3. The muscles " " 10 "
4. The serous bursæ " " 6 "
5. The sciatic nerve was " 5 "
6. In nine cases it was not possible to determine the precise location of the pain.

How much claim the last nine cases have to be considered as cases of gonorrhœal rheumatism does not appear.

Of the joints, the knee is most frequently the seat of trouble. Fournier, in a table of 119 cases taken from Fourcart, Brandes, Rollet and his own note book, shows that the knee was affected 83 times. Zeissl, without giving statistics, also gives the first place to the femoro-tibial articulation.

With regard to the affection's being mono- or poly-articular, there is a difference of opinion, Fournier claiming that in the majority of cases it affects more than one joint, Zeissl stating that he has never seen two joints affected at the same time.

On one characteristic all authorities agree, and that is the subacute character of the inflammation as compared with ordinary acute rheumatism, and the absence of the constitutional symptoms that always accompany the latter. The color of the integument about the joint is not much changed, and there is no marked swelling, except when there is an effusion. At most there is a little feverishness at night, the urine is not loaded with urates, and the profuse perspiration so characteristic of acute rheumatism is wanting. The whole course of the disease is more sluggish and less violent than an acute rheumatic attack. It comes on suddenly and is very apt to be followed by a serous effusion into the synovial sac. This effusion may be quite abundant if in the knee, the patella will be raised, and a fulness will be noticed above and below it on each side of the tendon of the quadiceps extensor.

The motion of the joint is painful, but not severely so. It is rare that anchylosis follows a gonorrhœal affection of the joint; some few such cases are however reported, and Zeissl quotes a case from Eisenmann, in which pus was formed within the joint and the patient died with hectic symptoms. As a rule, the prognosis is favorable, although the effusion may be reabsorbed very slowly. The cardiac complications which are so frequently observed in ordinary rheumatism do not occur in this disease.

We may then define this disease as a local, subacute inflammatory affection of the articular synovial membranes, which is very apt to be followed by an effusion, but which generally runs its course favorably and disappears when the urethra returns to its normal condition. It will be noticed that although this disease differs in several respects from ordinary rheumatism, the differences are rather of degree than of kind, consisting chiefly in the subacute nature of the trouble, and the greater tendency to be followed by an effusion; hence the diagnosis cannot always be easy. Thus during the first stages, before any effusion could have taken place, it would be very difficult to decide whether a case was an unusually severe attack of gonorrhœal rheumatism, or a mild form of ordinary rheumatism. Fournier claims that the diagnosis is always possible, but in his exhaustive article on the subject he does not give such means of differential diagnosis as would preclude the possibility of the occurrence of doubtful cases.

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* Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Vol. v. Article on Blennorrhagie, by A. Fournier.

The history of the case must be taken into consideration, and if we find that the patient has never been troubled with rheumatic pains before, that there has been no exposure to cold or dampness, that there is very little constitutional disturbance, that only one or at most two joints are affected, that the pains are localized and show no tendency to migrate, and of course that the patient either has, or has recently had, gonorrhœa, then we shall be justified in considering that we have to do with a case of gonorrhœal rheumatism. If, however, on the other hand there have been rheumatic attacks previously, and the constitutional symptoms are marked, the case must be considered as at least doubtful.

Owing to the difficulty in making a sure diagnosis, it must be confessed that the statistics of gonorrhœal rheumatism cannot be implicitly relied upon, and we cannot help suspecting that those authorities who have reported cardiac affections and muscular pains, must have been carried away by their enthusiasm for a comparatively rare disease and have been misled by a simple coincidence.

The prognosis is, as a rule, favorable, as this affection usually passes off in a week or two, and even when chronic is not a very troublesome complaint. The worst feature about it is the effusion which is apt to take place.

With regard to the treatment, perfect rest is the most essential part. If the pain is severe, two or three leeches may be applied with relief. Evaporating lotions may also be tried. When there is an effusion into the joint, the part may be rubbed with a salve containing iodine or iodide of potassa. If reabsorption does not take place, compression should be used, either by bandages, or still better by compressed sponges. All authorities agree that the remedies that have been supposed to be beneficial in rheumatism, such as the alkalies, colchicum, iodide of potassa, &c., have no influence in this affection. Perhaps it is lucky for us that the differential diagnosis is not dependent on this fact alone. The urethral trouble must be treated exactly the same as it would be if no articular complication existed.

RELATIVE ACCOMMODATION.

To the Editors of the Boston Medical and Surgical Journal.

I BEG leave to notice what I now conceive to have been an error in a communication from me, headed "Relative Accommodation," in your JOURNAL of April 12, 1866.

An experiment is there described as follows:—"Let each eye be armed with a convex glass of six inches focal distance, and in order to avoid the prismatic effect of the lateral portions of the glasses, let them be covered, except over a circle of about an eighth of an inch in diameter at the centre. Let the object to be looked at be a short, thin, black line on white paper at about five inches from the eye. Adjust each eye separately, so that the line appears sharply defined and in the middle of the space seen through the uncovered portion of the glass. Then, on looking with both eyes at once, the object, the line, is *at first* seen double, the right image by the left eye, and *vice versâ;* after an interval of time, greater or less, the two images become combined, by lateral movement towards each other, into an *indistinct* line, or two lines very near to each other, *both indistinct.*"

I formerly supposed that, when the two eyes in this experiment saw the line double, they were both *simultaneously* directed to the line itself; thinking that because each eye was separately adjusted, with the head stationary, therefore both eyes when looking together would remain directed to the object. This supposition was in accordance with the notion that each eye sees an image of the object in the direction of the object, but owing to the effect of the convex glass, farther off than the object (as if the mind's estimate of the distance of the image were derived from a sensation of the state of the accommodation). Thus would be explained the double images and the circumstance of their being crossed. But this explanation would be inconsistent with the usual state of things according to which two similar retinal images, one on each macula lutea, give rise to the appearance of only one image externally.

I am now, however, led to think that the two eyes are, during this perception of the double images, directed to a point farther off than the object itself; to a point at the distance of the virtual focus of the rays which have proceeded from the object and been refracted by the glass lens. And, in fact, the two images are not both seen *simultaneously* distinct; but either may be seen distinct, the other being then indistinct. For instance, if the right eye is directed to the object, the left image may be distinct, the other being then indistinct;

owing, I suppose, to its retinal image being outside of the macula lutea. This is in accordance with the supposition that the two eyes are directed to a point farther off than the object, either one separately, however, being directed to the object.

With this interpretation of the experiment, for my discovery of which I have to thank Dr. A. F. Wadsworth (of Boston), my supposed objections to Donders's method of measuring the amount of relative accommodation disappears, for during the binocular union of the two images, both eyes would be directed to the object; and the indistinctness of the combined image would only show that, with the given angle between the two lines of vision and the strong glass, the requisite relaxation of accommodation was not realized.

Boston, December, 1867. G. H.

DEVELOPMENT AND TREATMENT OF ALBUMINURIA.

To the Editors of the Boston Medical and Surgical Journal.

IN view of the notorious inefficacy of our treatment of Bright's disease, I thought the following note might be interesting. It is a condensation of an article read before the French Academie Impériale de Médecine, by Prof. Semola of Naples, and is the complement of a previous memoir by the same author. In his previous communication Prof. Semola developed the opinion that the passage of the albumen into the urine, in Bright's disease, was the necessary consequence of a general deficiency of nutrition, by which the albumen, rendered incapable of performing its functions, was eliminated by the kidneys as a substance foreign to the organism. According to this theory, the alterations of these organs would play only a secondary rôle in the development of the disease; and although the condition of the kidneys is of value in prognosis, Prof. Semola protests against the ideas of those who pretend to explain or resolve the question by purely anatomical deductions.

One diagnostic sign distinguishing organic from symptomatic albuminuria is furnished by the quantity of the urea, which in true Bright's disease diminishes with the first appearance of the albumen, and, at a later period, accumulates in the blood. The same is true of the sulphates. Of the artificial albuminurias, that produced by the suppression of the cutaneous functions is the most like Bright's disease. This suppression both prevents the oxidation of the materials introduced into the system in the form of peptones (the products of the digestion of albumen), and causes a congestion of the viscera and especially of the kidneys.

Thus, according to this author, Bright's disease is not the result of a primitive anatomical lesion of the kidneys, but is a result of this double series of effects which succeed the more or less sudden suppression of the functions of the skin.

The aim of the physician should be to reëstablish these functions, and thus increase the oxidation of the peptones, and relieve the renal congestion.

Among the means best suited to this purpose are the ordinary sweatings, or, in obstinate cases, hot air baths always followed by cool or cold shower baths ; preparations of arsenic, and inhalations of oxygen. The diet should be vegetable or starchy, with but very little meat. W. F. M.

CAUSE OF CONSUMPTION.

To the Editors of the Boston Medical and Surgical Journal.

At the request of the author, I send you a synopsis of a new theory of the cause of consumption,* by Henry MacCormac, M.D., of Belfast, Ireland. This theory is set forth in a series of papers, read before various foreign Medical Societies, at different times since 1855, and accompanied by a long and eloquent introduction. The following formula, in small capitals, contains his idea.

"Wherever the air habitually respired, has been respired in whole, or in part, before, there tubercular deposits are found; and wherever the air habitually respired, has not been respired, in whole or in part, before, there tubercular deposits are impossible, and consumption and scrofula are unknown."

He further claims that, "for the first time in the history of disease, the proximate source of tubercle is capable of exact demonstration. Tuberculous and scrofulous deposits, whether in the offspring of scrofulous and consumptive parents, or others, are the invariable results of insufficient, imperfect respiratory function and re-breathed air. Hence the carbon is retained unoxidized; in other words, is not discharged from the blood, and is deposited, mainly as a hydro-carbon, in the lungs or other organs, as tubercle."

This theory he supports by an analysis of the composition of tubercle, showing a large percentage of carbon; by the prevalence of consumption and scrofula in connection with bad ventilation of sleeping apartments; by their special prevalence, in classes whose occupations subject them to the influence of re-breathed air, by day as well as by night; and by the cures he has seen effected solely by the constant supply of unbreathed air.

He also refers to the production of tubercle in the animals in menageries, and in rabbits confined in boxes for the purposes of experiment.

Whether his theory is fully demonstrated by the facts he presents, must be left to those more competent to analyze them. The author's position, as well as the importance of the subject, command attention to his views, and it is his wish to subject them to the criticism of the profession in Boston. If his theory is sound, consumption may *always* be prevented, often cured. The victim of an inherited tubercular diathesis need no longer sit, with folded hands, awaiting his doom. The annual decimation of infants may be reduced one-half, and the general mortality one-fourth, by the annihilation of this great scourge of the human race!

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* Consumption, as engendered by Re-breathed Air, &c. Its Prevention and Possible Cure. By Henry MacCormac, M.D. London: Longman, Green, Longman, Roberts & Green. 2d Edition.

Opposed to his theory, is the non-coexistence of consumption with certain cases of imperfect oxygenation of the blood; as in malformations and obstructive diseases of the heart, pressure of abdominal tumors, and of the gravid uterus, &c.

The extensive researches of Dr. Bowditch in the same field, show an important connection between consumption and the cold and dampness of certain localities. It is hard, also, to disconnect from this question those other great causes of perverted nutrition, insufficient food and want of exercise. Bad hygienic conditions are sure to be associated, and sanitary reforms being directed against them all, it is hard to estimate the exact influence of each, or to determine the *specific* influence of either of them. The mortality in English prisons has indeed been greatly reduced, but not wholly by improved ventilation, as improvements in diet, clothing, heating, bathing and exercise have generally accompanied it.

The ventilation of hospitals and public buildings receives due attention with us, but in the work-shops and dwellings of the people it is neglected. The majority do not enjoy more than half a minimum allowance of fresh air in their sleeping rooms, and this small cube is often unchanged till morning. The aim in our climate is, to keep out the cold, by stoves, double windows, listing and weather strips, which effectually prevent all, save *accidental* ventilation. Many work-shops, factories, and most day-rooms are no better. What specific effects this state of things will in the long run produce, is a question worth considering. T. W. FISHER.

Bibliographical Notices.

Forty-third Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn., April, 1867.

THE Retreat is not a joint stock institution, but a charity. It is controlled by an association of gentlemen, without distinction of party or sect, called the "Society for the Relief of the Insane," and these gentlemen derive no pecuniary benefit from it in any way. The Society meets annually and appoints a Treasurer, a Board of Directors and the executive officers. To this Board the general management of the Institution is confided. The Directors appoint a committee of Managers, a committee of Medical Visitors, and a visiting committee of ladies; a Superintendent and Physician, an Assistant Physician, a Steward and a Chaplain. Five of these officers make reports, viz.: the Managers, the Medical Visitors, the Treasurer, the Superintendent and the Chaplain.

The Managers state briefly that the Institution has been carried forward, during the past year, as usual, fulfilling, in a good degree, the design of its benevolent founders.

The committee of Medical Visitors examine the Retreat quarterly, and by a sub-committee monthly. They report that an increased attention was given to the medical treatment of the patients, and hygiene of the Institution, in view of the probable approach of the cholera, and that as a result the inmates of the house have been unusually free from disease throughout the year.

From the report of the Superintendent and Physician, Dr. J. S. Butler, it appears that the whole number of patients in the Retreat April 1, 1866, was 245—125 males and 120 females. Of this number there were discharged, recovered, 90—29 males and 61 females; much improved, 28—11 males and 17 females; improved, 19—10 males and 9 females; not improved, 21—10 males and 11 females; died, 29—15 males and 14 females; total, 187—75 males and 112 females; and leaving in the Retreat April 1, 1867, 140—117 males and 123 females. Of the deaths, 5 were from exhaustion of acute mania; 9 from simple exhaustion; 4 from epilepsy; 2 from consumption; 2 from old age; 2 from paralysis; and one each from abscess, suicide and disease of the heart.

The whole number of patients admitted into the Retreat since its opening, in 1824, is 4,725: of the 4,485 who have been discharged during the same period, 2,212 recovered, and 524 died.

The building of the new State Hospital at Middletown, now in process of erection, will terminate the connection of the State with the Retreat for accommodations for the indigent insane. Since the Retreat has been in operation the State has appropriated, in all, 24,000 dollars towards the buildings, and an annual sum of 5,000 dollars for part payment of board of the indigent patients; which sum is dispensed by the Executive of the State as commissioner of the fund. This fund is a simple charity from the State to its poor insane, and thus enables the Institution to extend its sphere of usefulness, by receiving this class of patients to its care, without distinction from those who pay the same rate of board from their own or other means.

The doctor says, "the annual dividends from the profits of the Institution, about which questions are frequently asked by the uninformed, are only to be measured by the percentage of recoveries; the ninety patients discharged last year being fifty per cent. upon the whole number admitted (or, as it may be termed, the whole amount invested) during the year. In this dividend all the employees of the Institution claim an interest as well as the Board, and all like yourselves are eager to swell their share of such profits!"

When the connection with the State ceases, it is recommended to carry out more fully the intention of the founders of the Retreat, "to provide a home for the insane, that no class of its inmates should fail to find within its walls those liberal, refined, and home-like accommodations which their habits, cultivation and sympathies demand."

C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 19, 1867.

THE PATHOLOGY AND NOMENCLATURE OF SPOTTED FEVER, OR CEREBRO-SPINAL MENINGITIS.*

In writing upon this disease, a year and a half since, we felt called upon to consider, at some length, the question of its identity with typhus. At the close of our discussion of the subject, we argued that a disease which is sometimes almost as sudden as a stroke of lightning; which is rarely suspected of being contagious; which gives us a solitary case in a ship of war, a single case in a boarding school, two cases only in an almshouse; which, in civil practice, affects the villages and isolated farm-houses of the interior (where, in this country, typhus running the ordinary course is unknown) as much, at least, as the large cities; which in a majority of the cases is fatal, and that usually in a few days, or even hours; its mortality, however, being very variable at different times and places: such a disease presents so many points of difference when compared with British typhus that we should hesitate before pronouncing the two identical. We also quoted the Editor of the *British Medical Journal* as saying that "it is impossible to place the two diseases next to each other in the nosology, much less to admit their identity." Since that time, writers seem to have converged towards a unanimity of opinion on this point. No new adherents of eminence to the doctrine of the identity of the maladies have appeared, the Continental observers being upon the other side of the question, and, what is worthy of notice, the distinguished authorities of Dublin agreeing that the recent epidemic of "cerebro-spinal meningitis" was something very different from typhus. In no place than in Dublin have there have been larger opportunities for studying the latter disease, and nowhere have such opportunities been better improved. The recent outbreak of the former affection in that city has thus afforded remarkable advantages for comparing the two. It is interesting to note, by the way, how the Irish experience in this matter has tallied with that gone through with in other places:—first, failure—paralysis—of diagnosis; then supposed discovery of a disease unknown to modern times, with a likening of it to an ancient pestilence; finally, its recognition as the same fatal disorder which has been for some years infesting this and other countries, under the name chiefly of cerebro-spinal meningitis.

In this connection, and as showing also the at least comparative immunity of London from the disease in question, for a generation or more, it may be allowable to quote from a private letter of the venerable Dr. Thomas Watson the following words in relation to it:—"If it be not a variety of typhus—which from its non-contagiousness it can scarcely be—it is a form of fever which has not fallen within my cognizance."

The example, however, of the Editor of the *British Medical Journal*, we would remark, does not seem to have been universally followed, in so far as he assigned, to this malady and to typhus, positions *far distant* from each other in the nosology, since many writers make the meningeal inflammation, which has been the leading feature in the recent epidemic, and which sometimes veritably occurs (as even Dr. Murchison acknowledges) in typhus, to be secondary in both to other general affection of the system, that general affection, however, being essentially different in the two diseases. The *British Medical Journal* evidently considers the disease to be nothing more nor less than inflammation—meningitis. Dr. Levick, of Philadelphia, on the other hand, lays the chief stress on what is sometimes called the septic element, and while "holding the opinion that spotted fever is a distinct disease due to a specific cause, and having its own mode of invasion, phenomena and course," expresses his "conviction of its close analogy to typhus fever."

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* Report of the Committee on "Spotted Fever," so called, by James J. Levick, M.D., in the Transactions of the American Medical Association, 1866. Stillé on Epidemic Meningitis. Philadelphia: Lindsay & Blakiston. 1867.

We are now reminded of the two principal parties into which observers who have rejected the typhus theory have formed themselves. The one party has held that the so-called spotted fever was simply a form of cerebro-spinal meningitis, and nothing more, unless the qualification typhoid be added; the other has maintained that it consists in its essential nature, and primarily, of some occult change, other than typhus—some alteration of the fluids or solids of the economy—the meningeal lesion being a secondary phenomenon.

For instance, a writer in the *Compendium de Médecine Pratique*, after giving an analysis of blood drawn from patients with cerebro-spinal meningitis, takes the following position. "It will be seen," he says, "that the quantity of fibrine is between 3·70 and 5·63; that is to say, between a minimum which is already a pathological condition and the figure which is only reached in well-marked phlegmasiæ." * * * "The decided increase in the fibrine is an experimental result of great importance, and one which assigns to epidemic cerebro-spinal meningitis the rank occupied in nosography by the phlegmasiæ of the serous membranes. But the epidemic constitution impresses upon these phlegmasiæ a more rapid march, and a greater gravity than obtains in sporadic inflammation of the meninges. That is the only point in which they appear to differ from the latter." We must remark, in passing, that these experiments prove nothing more than that there was inflammation in the subjects from whom the blood was taken—but neither that it was the primary pathological fault in them, nor that it is necessarily present in every case of so-called cerebro-spinal meningitis.

Then, again, it is laid down in the French treatises that the autopsies show more or less lesion of the meninges, though when death takes place at the first onset, it is stated that there is sometimes nothing more than dryness or cloudiness of the membranes. So, also, Stillé claims *post-mortem* appearances of cerebral congestion, for the epidemic of 1806 to 1815; and that these appearances were found by "all who investigated the subject," during the recent visitation of the disease in this country. As to European epidemics, he asserts that from Vieusseux, Mathey and Tourdes to Banks and Burdon-Sanderson, "the testimony is uniform that congestion of the brain is an unfailing accompaniment of the first stage of the disease." Thus we have a party of writers whose motto is "cerebro-spinal meningitis."

On the other hand, we have a class of observers who see in the meningeal lesion only a complication of, or a secondary change resulting from, a general disorder or poison of the system. In support of this theory, cases are referred to in which no morbid appearances, *post mortem*, were found in the brain or meninges. Such cases are reported by Dr. Levick. Dr. Woodward, also, in a letter formerly published by the writer, distinctly states that a portion of the United States Army cases presented no perceptible anatomical lesion in the cerebro-spinal axis, and that some of those cases—unlike those referred to by French authors—were among the more protracted ones. In Dr. Levick's autopsies, however, the absence of the lesser changes, such as dryness of the membranes, is not distinctly noted. And, full reports of the Army cases not yet being attainable, we are unable to go into the details of them. We need more light on this point. And before coming to a full conclusion upon the pathological question before us, it behooves us to take into consideration certain epidemics of so-called typhoid pneumonia, which followed closely upon the spotted fever of 1806 to 1815, and which were considered by some observers of both diseases as essentially the same disorder with the latter; the poison of the malady in the one case settling—so to speak—upon the lungs, in the other upon the brain. The impression, however, is gaining ground that there is, at all events, an important element in the disease besides inflammation. In this impression we share. Dr. James Jackson considered the "spotted fever" to be "fever combined with inflammation." And we may say of cerebro-spinal meningitis, as the disease is now more often termed, that its physiognomy and course, its frequently sudden invasion, its epidemic prevalence in many countries and diverse climates, together with the contemporaneous immunity from it of those same regions for long periods of time, are opposed to the regular approaches and the usual behavior of simple inflammation. Even Dr. Stillé, who maintains that meningitis is a constant factor of the malady, agrees with those who assign to the latter "a compound nature, derived, on the one hand, from its specific cause, and, on the other, from its local lesions, thus proving it to be at once a blood disease and a local inflammation." "It is necessary to admit," he adds, "a constitutional as well as a local element of the disease, which often, indeed, becomes the predominant one, just as in eruptive and typhoid fevers, in diphtheria, dysentery, erysipelas, &c., the most fatal cases are those precisely in which death occurs at so early a stage, through the violence of the constitutional element, that the real lesion remains incomplete, or is entirely undeveloped."

Of the making of names for this disease there is no end. It enjoys, as Stillé says, a luxury of nomenclature. In Dublin alone there have lately been added to the list of its appellations—malignant purpuric fever; cerebro-spinal fever; fever with cerebro-spinal meningitis; febris nigra; malignant purpura; pestilential purpura; black death. In all places, however, the favorite designation of modern epidemics of it is cerebro-spinal meningitis. For those who are satisfied that meningeal inflammation is a constant element in the disease, the last-mentioned term, or perhaps typhoid meningitis, would cover the ground. But those who think otherwise are yet unprovided with a term which accurately designates the disorder. The difficulty lies in the fact that there is no one pathognomonic symptom, and that the pathology is not agreed upon. But when the latter shall be definitely settled, an appropriate name will be easily found.

The *New Orleans Medical and Surgical Journal* and the *Southern Journal of Medical Science* are to be united, and form the commencement of a new periodical on the 1st of January next.

JURARE IN VERBA MAGISTRI.

There are many in this country who are wont to swear by the words of foreign masters; who, to the sound advances of home growth, yield grudgingly a half-doubting assent until they have been approved abroad; who, to the utterances of native authors, though abundantly sustained by facts, grant but a tithe of the weight they would concede to them if imported from Paris or London. We know perfectly well that the immense hospitals and extensive libraries of Europe have given our trans-Atlantic teachers the start of us in observation, erudition and scholasticism, and that we owe them a debt we have but just begun to repay. But we need not, on that account, forget that, for practical tact, for the power of seizing the essential truth, while sifting out the unimportant, and for the shrewd interpretation of facts, the American mind is preëminent. Let us learn to appreciate and develope our originality. By the side of the literary excellence of the Philadelphia, and of the enterprise of the New York Schools of Medicine, we may call to mind that the wise practical counsels of James Jackson; the self-limitation in disease of Bigelow; the teachings of Ware, as, for instance, upon the different kinds of so-called croup, and the treatment of the membranous form, without perturbation, and also upon the injurious effects of opium in delirium tremens; the pathological learning of John B. S. Jackson; the bold, yet careful and successful surgery of our hospitals, associated with names too prominent to need mention, recording, among other things, a method of curing vesico-vaginal fistula, quietly practised in private wards, which anticipated what has been done elsewhere; the discovery of etherization, caught up and promulgated with prompt sagacity; the brilliant and authoritative physiology of Dalton, transplanted from Boston; the treatment of syphilitic iritis without mercury by Williams; the judicious recognition of the sway of Nature in Disease, not preceded, we believe, by Forbes in his famous articles in the "British and Foreign"; all these, and much more which might be mentioned, are as valuable as though they emanated from foreign sources.

The war has emancipated public opinion and literature from subserviency to the old world. But American Physic has yet to declare its majority. We shall, of course, continue to examine what Europe has to offer us, but we should see it through our own spectacles.

Treatment of Syphilis.—In the "Mémoires et Bulletins de la Société Medico-Chirurgicale des Hospitaux et Hospices de Bordeaux" (tome 11, 1867) is a very interesting paper by M. Moussous, upon the past and present treatment of syphilis. The principal points in the paper are thus summed up:—1. The idea of treating syphilis without mercury is not new. 2d. In the rational treatment of the 15th century by consecrated pieces of wood, and the Portuguese method, mercury counts for nothing. 3d. Blennorrhagia; simple chancre, with its local complications; syphilis, with its general poisoning of the system; are three distinct maladies, and are not to be treated in the same way. 4th. The cauterization of the infecting chancre as a preventive of constitutional syphilis, is of no utility, the disease being established when the chancre has appeared. 5th. Mercurial treatment, however well conducted, and though instituted at the budding forth of the chancre, is incapable of preventing the general manifestations, but only defers the period of their usual occurrence. 6th. If the mercurial treatment be reserved for the time when the general symptoms appear, it then has perhaps more influence upon them, to the extent of making them disappear more rapidly. 7th. Mercurials are specially suited to the secondary symptoms. 8th. The further syphilis advances towards its later forms, the more mercury loses of its influence upon it. 9th. In the tertiary period, the hydriodate of potassa is the drug on which the most reliance is to be placed; it is of service also in the period of the prodromes which precede the general symptoms; it is, therefore, the medicine for the commencement, and for the end. 10. Syphilis may disappear without interference—*sponte sua.* 11th. An eclectic treatment, in which one part is assigned to the reactions of the organism, another to mercury and hydriodate of potassa, to which may be added iron, quinine, and certain warm mineral waters, would assuredly be the best suited to bring about the cure of syphilis.

Dr. Gross's Introductory Lecture.—We have been much interested in reading the Introductory Discourse of Professor Gross, delivered before the Jefferson Medical College the present season. It is entitled "Then and Now," and is a thorough review of the modern progress of Medical and Surgical Science. So excellent is the paper, as a whole, that we feel at liberty to note one or two defects in it.

In the passage on "sub-periosteal resection" (page 17) we are surprised to find no mention of Dr. Henry J. Bigelow's operation for ununited fracture.

We are equally astonished at the following statements:

"The numerical method, introduced by Louis, of Paris, thirty-five years ago, was warmly embraced by many of the leading physicians of Europe and America, as likely, if carefully and systematically pursued, to be productive of much practical benefit, in testing and determining various methods of treatment in particular classes of diseases; but no good seems to have resulted from its adoption, and for the last ten years the subject has apparently been entirely lost sight of. The author of the system still lives; the system is defunct." [!!] * * * *

"Nearly every disease, whatever its name or site, is essentially an inflammation. Even in what are called the neuroses, or nervous affections, inflammation generally plays a conspicuous part." [!]

Reclamation—addressed to the Gazette Hebdomadaire, &c., Paris.—In a recent discussion at the Imperial Society of Surgery in Paris, it was stated by M. Giraldès that the Medical Society of Boston recognized 400 cases of death from the inhalation of ether. This statement is entirely without foundation. *No medical society in Boston has acknowledged the record of a single instance of death from anæsthesia produced by sulphuric ether.* We ask that every medical journal which has copied the error of M. Giraldès will publish our denial of his statement.

Extra-uterine Fœtation and Gestation is the subject of a paper written by Stephen Rogers, M.D., and extracted from the Transactions of the American Medical Association. Dr. Rogers thinks a diagnosis of the above condition attainable, and that the treatment for dangerous hæmorrhage from rupture of the fœtal cyst should be gastrotomy, with tying of the bleeding vessels.

During the year ending Aug. 1, 1867, there were admitted into the Vermont Asylum for the Insane, 143 patients, which with the 493 in the institution at the commencement of the year, makes the whole number treated during the year, 636. There were discharged and died during the same time, 125, leaving 511 inmates Aug. 1, 1867.

Gun-Shot Wound in the Back—Bullet passed by Rectum Twenty-four hours after.—Henry Lee, colored, aged about 18 years, was admitted on the 22d of December, 1866, with a gun-shot wound in the back. Dr. William F. Tibballs, who attended this boy previous to his admission, gives the following history of the case: "He was wounded about 6 o'clock, A.M., December 21st, 1866, while endeavoring to escape arrest. He says that he was running up the bank of the river, and that the watchman was close upon him when he fired. The ball took effect to the right and between the second and third lumbar vertebræ; glancing over the transverse process it entered the alimentary canal, and was passed with his fæces early on the morning of the 22d, about twenty-four hours after its reception."

This patient, when admitted, was suffering no pain or inconvenience, and remained in this condition during his stay in the hospital. The examination of the wound by Dr. Dawson, confirmed the account given by Dr. Tibballs. The ball, in passing the transverse process carried away its periosteum, leaving the bone bare, and entered, no doubt, the transverse portion of the duodenum, where this division of the bowel is uncovered by peritoneum.—*Cincinnati Lancet and Observer.*

Ergot as an Abortive.—In a letter to the Philadelphia *Medical and Surgical Reporter*, we find the following:—

But perhaps of the essays above referred to, that by Dr. Denham, of the Dublin Lying-in Hospital, a gentleman of deservedly high standing, designed to show the effect of the ergot of rye, both during the period of pregnancy and at parturition, may not be the least important. Dr. Denham substantiated his views in relation to the utter harmlessness of ergot, so far as any poisonous effects, upon either mother or child, are concerned, at any period; and also his belief, that it will never bring on premature labor, during pregnancy, no matter how freely it may be administered; by exhibiting to several of us who breakfasted with him, among whom was Sir James Y. Simpson, a mother and child, in good health, upon whom the following experiment had been tried by him, to ascertain the facts in relation to these points.

Some few months since, the mother above referred to—a strong Irish girl of perhaps twenty-five—came into the Dublin Lying-in Hospital, at about the sixth month of pregnancy; and, as it was a fair case to test the matter, he gave her full doses of the ergot, and continued it for several days, till, in fact, it nauseated her so much that she refused to take it any longer; and yet it produced no symptoms of uterine contraction or abortion, which induced the Doctor to believe that ergot will not produce premature labor, though it does largely increase uterine contraction, during parturition, at full time.

Suppose the ergot had taken effect, would not the case have been one of criminal abortion?

The Abuse of Physical Exercise.—The *Westminster Gazette*, in the course of a declamation against too much physical exercise, sensibly observes: "Those who have gone through the severest training become in the end dull, listless and stupid, subject to numerous diseases, and in many instances the ultimate victims of gluttony and drunkenness. Their unnatural vigor seldom lasts more than five years. It was especially remarked by the Greeks that no one who in boyhood won the prize at the Olympic games ever distinguished himself afterwards. The three years immediately preceding seventeen are years of great mental development, and nature cannot at the same time endure any severe taxing of the physical constitution. Prudence, therefore, especially at this critical period of life, must ever go hand in hand with vigor, for the evils of excess outweigh by far the evils of deficiency."—*Medical Record.*

Dangers of the Streets.—The authorities of Paris are said to have under consideration a project for throwing foot-bridges over the most crowded thoroughfares of that city, in consequence of the great risk attending a passage across the streams of vehicles, of which a great number are in the charge of careless or incompetent drivers. The *Figaro* says that every day from eight to fifteen persons are knocked down or run over by vehicles in Paris; what proportion of these are killed is not stated. In London "the dangers of the streets" are patent to everybody, and the loss of life by accidents from vehicles amounts in a year to a very startling total. Looking through the Registrar General's Weekly Returns, we find that since last February *one hundred and eleven deaths* have been registered as caused by horses or carriages in the streets, giving for the last thirty weeks an average of nearly four deaths per week. In one week ten deaths were recorded, and of these six were of persons over fifty years of age, and two were of children under ten years of age. The numbers receiving anything short of fatal injury are not recorded. To childhood and feeble age the passage of our over-crowded streets is full of peril, and it is not creditable to the humanity of the public spirit of the metropolitan authorities that suggestions which have often been made for erecting light foot-bridges at the most difficult crossings have not been adopted long ago.—*London Lancet.*

Dr. Holmes's Introductory Lecture to the Medical Class of Harvard University, delivered in November last, has been printed for the use of the class.

At a meeting of the Physicians and Surgeons in attendance upon Prof. H. R. Storer's second private course of lectures on the Surgical Diseases of Women, at Hotel Pelham, Boston, the following preamble and resolutions were unanimously adopted:—

Whereas, An unjust prejudice, founded, partly on ignorance and professional jealousy, and partly on a false conservatism, exists in the minds of many of our profession, against those who give special attention to the diseases of women; and, *whereas*, many of these diseases are either altogether ignored, or imperfectly treated of, in our text-books, and by the teachers of medical science in our schools; and, *whereas*, Prof. H. R. Storer, in instituting and carrying out, as he has done, a plan for the more thorough instruction of physicians on these important subjects, and in taking a bold stand as a Uterine Specialist, has incurred a certain degree of misrepresentation and abuse; therefore

Resolved, That we, the undersigned, regular practitioners of medicine and surgery, do hereby give him our hearty and earnest support in the course he is pursuing; that in the series of lectures just delivered, at Hotel Pelham, on the Surgical Diseases of Women, the subject has been ably discussed, in a spirit of candor and impartiality; that we tender Prof. Storer our sincere thanks for thus affording us the means of understanding better, and treating more skilfully, those diseases which are so often the unrecognized cause of suffering and death; and

Resolved, That we fully endorse the action of Prof. Storer in refusing to grant a certificate of attendance to a member of the Class, on the ground that he was an irregular practitioner, although presenting Diplomas from Regular Schools; and

Resolved, That the above preamble and resolutions be sent to the medical Press for publication, and that a copy be engrossed and presented to Prof. Storer.

J. G. Pinkham, M.D., *Cambridge, Mass.*
J. W. Parsons, M.D., *Portsmouth, N. H.*
J. B. Walker, M.D., *Union, Maine.*
J. Farrar, M.D., *Hartford, Conn.*
Jas. Coolidge, M.D., *Athol Depot, Mass.*
Augustus Harris, M.D., *Colebrook, N. H.*
A. J. Beach, M.D., *Bellville, Ohio.*
Thomas G. Potter, M.D., *Providence, R. I.*
W. W. Bancroft, M.D., *Granville, Ohio.*
Henry E. Paine, M.D., *Dixon, Ill.*
Alexander J. Stone, M.D., *Augusta, Maine.*

Massachusetts General Hospital.

[Surgical Operations for the week ending December 14th. Reported by C. B. Porter, M.D.]

1. *Epulis.* By Dr. H. J. Bigelow.—This tumor, of eight months' growth, about the size of a chestnut, was attached to the upper jaw of a man aged 26 years, just above the bicuspid of the left side. This is, as was stated, very liable to recur after excision, unless the periosteum from which it springs is removed. A tooth was drawn, and a vertical section was made with a saw through the alveoli on each side of the tumor, and the tumor, together with the bone from which it sprung, removed by a transverse section with the bone forceps, uniting the two vertical ones.

2. *Plastic Operation of Neck.* By Dr. S. Cabot.—A child, 6 years of age, received a burn two years ago, which destroyed the skin in the anterior cervical region, from just below the red margin of the lower lip to the middle of the sternum. The cicatrix, extending from near the angle of the inferior maxilla on one side to the same position on the other, was V-shaped, the point being at the middle of the sternum. There was great deformity induced by the contraction, the chin resting on the upper edge of the sternum, and the lower lip drawn down, so that the red border corresponded with the lower margin of the jaw. A V-shaped incision was made on the boundary line between the sound skin and the cicatrix, and the flap dissected up, the dissection being carried to the sound cellular and muscular tissue beneath, and all the contracted bands being divided. The sides were brought together by sutures as far as possible without too great traction. An elongated, pear-shaped flap, commencing a little below and just behind the lobe of the left ear, and extending down along the anterior border of the trapezius over the deltoid to within two and a half inches of its insertion into the humerus, being dissected up, was planted upon the remaining raw surface.

3. *Amputation at the Shoulder-joint.* By Dr. H. J. Bigelow.—This case was reported a week ago as "necrosis of the humerus." An exploration to ascertain the condition of the bone was then made, and the disease was found to be so extensive as to demand amputation at the shoulder-joint, but the condition of the patient was so critical that it was deemed advisable to inform his friends of it before proceeding to an amputation. After consultation with his friends, it was decided to embrace the chance of life which might be afforded by the operation, which was performed in the usual way, with the exception that the external flap was not cut by transfixion, which the immobility of the joint and the infiltration of the tissues prevented. Very free hæmorrhage was controlled by ligatures. The head of the bone was found to be very friable, the whole of the shaft extensively diseased, and the elbow-joint involved. The glenoid cavity of the scapula was healthy. During the operation, the pulse of the patient was very feeble and the abdominal aorta compressed.

4. *Plastic Operation for contracted Jaws.* By Dr. S. Cabot.—This patient, a boy aged 10 years, had had typhoid fever two years ago, followed by contraction of his jaws, without any known sloughing. There was a firm, dense band extending from the upper to the lower jaw, just opposite the molar teeth of the right side. The jaws could be opened only about three fourths of an inch. They had been opened repeatedly by artificial means, but the contraction soon returned. The band was cut, and a triangular flap of mucous membrane from the adjoining cheek inserted to prevent its recontraction.

5. *Necrosis of Jaw.* By Dr. H. J. Bigelow.—This patient, a child aged 8 years, had six weeks before had a severe attack of dysentery, followed by necrosis of the lower jaw, with loss of three teeth of the right side. A fragment of the alveolar process, which was detached, was removed.

6. *Abscess in Sacral Region.* By Dr. H. J. Bigelow.—This patient, an adult male, had situated in the left sacral region, a large abscess of eight months duration. It was opened, and on examination by the finger, the tip of the posterior superior spine of the ilium was found denuded over a small extent, perhaps secondarily. A peculiarity of this case was the size of the abscess, the entire absence of a surrounding wall, and the thick creamy character of the

pus. The cavity was traversed by columns of the cellular tissue, the whole leading to the suspicion that it might be the result of an enlarged and inflamed bursa rather than of diseased bone.

7. *Amputation of Leg.* By Dr. Geo. H. Gay.—The subject of this operation, a widow aged 58 years, had had large varicose ulcers on her leg for about five years following extensive varices of eighteen years' duration. The lower part of the leg was a mass of ulcers and cicatricial tissue, and acutely painful. The leg was amputated by the circular method, at the junction of the middle and lower thirds.

8. *Uterine Polypus.* By Dr. S. Cabot.—This patient, an unmarried woman, aged 32 years, had had frequent and excessive uterine hemorrhage for some months. On examination, a polypus the size of an English walnut was found attached just below the os internum, on the anterior surface of the cervix, which was removed by torsion.

9. *Urinary Infiltration.* By Dr. H. J. Bigelow.—This patient, a middle-aged Irishman, entered the hospital with an enormously swelled scrotum and penis, there being a swelling as large as the fist over the left inguinal ring, the scrotum being some five inches in diameter; the whole obviously the result of urinary infiltration. Upon examining to find the obstruction, a stone was felt two inches behind the meatus, and removed by external incision. The stone was as large as a pecan nut. The groin and scrotum were now freely laid open by a single incision, extending from the level of the internal inguinal ring above, through the scrotum and perineum, to the anus, and the flaps dissected back as far as the gangrene extended. The tunica vaginalis containing the testis, and the cord, both greatly swelled, were dissected out from the mass. The dorsum of the penis was also freely incised through its whole length. Free exit was thus given both to the extravasated urine and the resultant sloughs.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, December 14th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	55	52	107
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.0	41.1	80.1
Average corrected to increased population - - - - -	00	00	88.4
Deaths of persons above 90 - - - - - - - - -	0	0	0

Notice to Correspondents.—The length of some valuable articles has delayed the publication of other communications which we have on file, and which, with the indulgence of their authors, will appear in due course. The publisher prints eight pages extra this week for our accommodation.

Books and Pamphlets Received.—Obstetric Clinic. By George T. Elliot, Jr., A.M., M.D. New York: D. Appleton & Co. 1868.—Annual Report of the Surgeon-General of the United States Army, 1867.—Seventeenth Anniversary Meeting of the Ohio State Medical Society, held at Springfield, June 4 and 5, 1867.

Married,—In this city, 12th inst., Dr. Arthur H. Wilson to Miss Jennie N. Taylor, both of this city.

Died,—At Liberty Hill, Conn., Dec. 3d, Joseph Comstock, M.D., aged ninety years eleven months and one day—an occasional contributor to this Journal during the whole course of its publication.

Deaths in Boston for the week ending Saturday noon, Dec. 14th, 107. Males, 55—Females, 52. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 3—bronchitis, 11—burns, 1—cancer, 1—cholera morbus, 1—chorea, 1—consumption, 15—convulsions, 6—croup, 3—diarrhœa, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 30—typhoid fever, 2—disease of the heart, 2—hernia, 1—disease of the liver, 1—congestion of the lungs, 4—old age, 1—paralysis, 3—premature birth, 2—unknown, 5.

Under 5 years of age, 52—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 10—above 60 years, 18. Born in the United States, 71—Ireland, 23—other places, 13.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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OVARIOTOMY—OBSERVATIONS IN EUROPE.

By Gilman Kimball, M.D., of Lowell, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

Whoever has taken sufficient interest in the subject of ovariotomy during the past few years, to notice the many and earnest discussions it has occasioned among the distinguished men of the profession, both in Europe and in this country, could scarcely fail to observe that the objections once raised against its expediency or justifiableness have in a great measure subsided; so much so, that the operation is now looked upon with nearly if not quite as much favor as any other operation of capital importance. This change seems to have been brought about only by the irresistible logic of facts—facts showing that, on the score of *results*, the removal of an ovarian tumor is quite as likely to be followed by success as many other operations daily practised in large hospitals and in private practice, but whose legitimacy or justifiableness has never been questioned.

But, while observing that the cause of the change referred to is owing, in a great measure, undoubtedly, to an improved record of results, the question may have been raised, in some minds, whether this improvement has been exhibited to the same degree in this country as in Europe. For my own part, I am inclined to the opinion that it has not—a conclusion to which I am led, no less perhaps from cases that have never been published than from those which have been duly reported.

With an interest, therefore, amounting almost to a sense of duty, I made it a point, during a recent visit to Europe, to ascertain, if possible, why in ovariotomy, rather than in any other department of surgery, American practice should appear to such a disadvantage.

In pursuance of this purpose, I first visited M. Koeberlé, of Strasbourg, altogether the most distinguished ovariotomist on the Continent. At the time I saw him, which was in June last, he had already operated forty-seven times, the rate of recoveries being two in every three cases. Most of these operations were published from time to time in one of the leading medical and surgical periodicals of Paris, and with great minuteness of detail. The first twelve cases were put forth in a pamphlet of 150 pages, embracing all his operations up to June, 1864. The result of these operations he states to have been as follows:—"Nine cases were followed by recovery, and three proved fatal. Five times both ovaries were removed simultaneously, and in one of these the uterus was also extirpated, and with a successful result."

In reading through these cases, M. Koeberlé seems to have been fully justified in the remark that some of them were of "rare and grave complications." And, as an illustration, I give the following case, not merely from its being of itself one of singular interest, but because it furnishes a remarkable example of the wonderful endurance and recuperative force of the system when called upon to resist and overcome apparently insuperable obstacles to recovery. The case, too, reflects great credit upon the operator, whose resources of practical skill and ingenuity were probably never displayed to greater advantage.

The main points of the case were as follows. The patient was an unmarried woman, 45 years of age, operated on in July, 1863. On opening the abdomen, a cyst was brought to view, apparently non-adherent. In attempting to withdraw it from the abdomen (after first evacuating it of about six pounds of fluid), it was found attached to the intestines by a strong band. This band was embraced in a ligature and divided. A further attempt at withdrawal was again resisted, when the tumor was found to have formed strong adhesions within the pelvis, particularly in the recto-vaginal cul de sac. It had also formed close connection with the posterior part of the uterus and vagina, the former organ being elongated to three times its natural length. The cyst was found to belong to the left ovary, and had extended itself across and invaded the right ovary also. After applying a metallic ligature, first to the left and then to the right broad ligament, an attempt was made to isolate that portion of the tumor developed in the recto-vaginal cul de sac; but it was found impossible to do so without endangering the life of the patient from hæmorrhage. It was separated, however, so far as it was attached to the uterus. The right ovary was next cut away; also the cyst already named as belonging to the left ovary, this last being first embraced in a third metallic ligature. All this being done, there still remained in the recto-vaginal cul de sac a diseased mass as large as the first, which, from having its vascular connection cut off, would necessarily pass into mortification.

The abdominal cavity was now properly cleansed, and the wound closed, as to its superior portion, with three deep interrupted and three superficial sutures. For the purpose of confining the intestines within their proper limits and position, there was placed underneath the parietes and across the upper angle of the incision, a *plate of lead*, five and a half inches in length and two and a half in breadth, moulded with reference to the surface it was to cover. Then, again, with the view of furnishing means for the more ready escape of matter from the decaying mass already alluded to, a series of India rubber tubes, six in number, was disposed in a line immediately above the lower angle of the wound, dipping down to the extent of four or five inches into the abdominal cavity. The uterus, which had become greatly elongated by its attachment to the cyst, refused to be retained wholly within the pelvic cavity, so that its fundus and posterial walls were consequently all the while directly exposed to the external air.

The operation lasted an hour and a half: the loss of blood, meantime, being very considerable. At the conclusion of the operation, the pulse ranged from 100 to 120. Ice water and morphia were prescribed internally, and bladders of ice were applied to the abdomen.

2d day after operation.—Pain following operation entirely gone; pulse 120; micturition natural. Superficial sutures removed. Nourishment, weak animal broth.

3d day.—Upper part of incision well united. Return of menses. Uterus rapidly diminishing in size.

5th day.—Detachment of ligature, applied on account of intestinal adhesion; occasional rectal and vesical tenesmus.

8th.—Wound presents a most satisfactory appearance; its upper portion perfectly cicatrized.

11th.—Patient sat up two hours; pulse 100. Discharge from wound changed from black to gray color. Mortified portion of matter coming away.

15th.—Metallic ligature of right broad ligament removed, and the plate of lead dispensed with. The plate of lead as well as the tubes had been removed from time to time for the purpose of being cleansed; and during the first eight days, the peristaltic action of two of the convolutions of the small intestines running transversely one above the other, was distinctly observed in that part of the wound still remaining open.

The intestine and uterus being equally exposed, were perfectly insensible to mechanical irritation, the patient perceiving no sensation upon their being handled.

Notwithstanding the prolonged contact of the India rubber tubes, there was never any sign of either metritis or intestinal disturbance.

18th day.—Mortified portions of decaying substance continue to come away by means of injections composed of sulphite of soda, 8 drachms to 100 of water. Suppuration slight, of grayish color; four tubes still allowed to remain in the wound for the purpose of drainage.

19th.—Suppuration almost white, and generally more or less mixed with serosity.

23d.—Patient walks in the garden and seldom takes her bed through the day.

25th.—One tube still remains, through which there still escapes portions of dead offensive matter.

30th.—A small tube is still kept in the wound which is now nearly closed; the sero-purulent weeping still continues, though less abundant; it is the result of a diphtheritic condition of the wound, which has gradually yielded to injections of chlorate of potass, 8 drachms to 100 of water.

The patient returns to the country, but still has a fistulous opening, sustained by one of the rubber tubes. Her strength has been re-established by slow degrees, but her digestive functions continue to be more or less disturbed, and there is more or less suffering in the region of the kidneys.

Four months after the operation.—The fistulous opening is closed, but the patient is a good deal enfeebled by a profuse leucorrhœa. The renal suffering, upon the approach of winter, becomes more persistent and severe; the pulse is of normal frequency, but feeble, as before the operation. Menstruation still suppressed.

"This case, M. Koeberlé remarks, so remarkable on account of the difficulties attending it, if not the most brilliant as regards the degree of health secured to the patient, affords at least a remarkable example of the triumph of art and of nature under circumstances of extraordinary embarrassment."

From an eccentric case like the one above given, it is not to be supposed that any thing like a correct idea can be formed of the manner in which M. Koeberlé usually conducts his ovarian operations. In one or two particulars he differs from operators in general. In treating the pedicle he always endeavors, if possible, to secure it outside. He first embraces it in a loop of strong wire, which he applies by means of an instrument of his own contrivance, and in every respect similar to an écraseur, only of a smaller size, not more than five inches in length. With this instrument the pedicle is constricted to a degree of tightness little short of laceration, after which a silk ligature is applied immediately below the point of constriction, and the wire immediately detached. The cyst is next cut away, and the stump held outside.

This part of the arrangement is effected by transfixing the free portion of the severed pedicle with a slender trocar and canula, the trocar being withdrawn, and the silver canula allowed to remain crosswise of the incision.

Another peculiarity consists in his placing in the lower angle of the incision a *glass tube* for the purpose of draining off any probable or possible accumulation of fluid that might occur in the pelvic cavity. By means of this same tube, too, antiseptic fluids may be readily thrown into the peritoneal cavity with the view of anticipating or relieving the effects of blood poisoning.

Treatment after operation is simple—no medication of any kind, except occasionally with opium, when urgently needed to quiet pain; nourishment of simplest form at first, and increased in strength and quantity as the patient convalesces. Where there is a tendency to sinking, or the stomach revolts, enemas of animal broths are resorted to. Independently, however, of any advantages that may be supposed to attach to the peculiarities of M. Koeberlé's manner of operating, there is another and probably more important consideration to be taken into account, in estimating his general success, and especially in connection with cases of extreme difficulty and embarrassment. I allude to the unremitting and scrupulously careful attention he gives to his patient in all the minute, though not the less important details of after treatment.

In ovariotomy, more than in any other class of surgical cases, probably, the question of failure or success depends upon the manner in which the patient is cared for *after* the mere operative part of the case has been disposed of. The instance just given is a marked illustration; and it is easy to perceive that with anything less than the most *persistent personal care* of the attending surgeon through all the dangerous period after the completion of the operation, the patient must inevitably have been lost.

In his classification of operations of gastrotomy involving the uterus, M. Koeberlé gives, First—"those which have been undertaken upon an incorrect diagnosis, but abandoned without a removal of the organ, or any portion of it. Of this class he gives fourteen instances—with nine recoveries and five deaths.

Secondly. Gastrotomy with extirpation of pediculated fibroids, either by ligature or by enucleation. Of these he instances twenty cases—with eight recoveries and twelve deaths.

Thirdly. Gastrotomy with partial or complete removal of the uterus, on account of fibroids, accompanied sometimes with, and sometimes without, the removal of both ovaries. In this class, he enumerates eighteen cases—with five recoveries and thirteen deaths.

Finally, in summing up all operations of gastrotomy relating to the removal of fibroid tumors of the uterus, he furnishes fifty-one cases—thirty-seven of which were completed operations, and fourteen were not completed.

So far, then, as may be learned from the statements above quoted, even after admitting the extraordinary results of M. Koeberlé's experience, it does not seem probable that gastrotomy for uterine extirpation will ever be reckoned, like ovariotomy, an ordinarily justifiable operation. Indeed, under any circumstances other than of extreme urgency, and such as are seldom met with, such a procedure must be regarded not only as unwise but absolutely indefensible.

It is hardly necessary to designate, by name, the principal ovariotomists of England; their names have become too generally known all over the world.

Mr. T. Spencer Wells of London, and Mr. Clay of Manchester, it is well understood, have had more cases of ovariotomy, by far, than any two other operators in Britain. The former, I had the good fortune to see operate in three cases, and in every instance successfully; the last of these operations was the two hundred and twentieth case. This was in July; and his record as he gave it me at that time was as follows:

No. of cases	220
No. of deaths	64
No. of recoveries	156—or a little better than 71 in a 100.

Of the last 20 cases he had lost only 2. Again: the first 100 cases stood, 34 deaths and 66 recoveries. Second 100 cases stood, 28 deaths and 72 recoveries. Last 20 cases, 2 deaths and 18 recoveries—156.

The very striking difference of results in the course of the several years named, as shown by the above statement, could scarcely be reckoned as a mere coincidence; on the contrary, it is fairly attributable to the greater skill acquired by experience.

As regards Mr. Wells's method of operating, it has been fully set forth in the large number of operations which from time to time have appeared in the medical periodicals in London, but more especially in his volume of 114 cases published in 1865.

It is proper to remark, however, that in *treating the pedicle* he now invariably uses the clamp, if *possible.* Several times he tried the cautery plan of Mr. Baker Brown, but with indifferent success. Latterly he has abandoned the cautery entirely.

He prefers the short incision, and avoids, if possible, extending it above the umbilicus. He is satisfied that in observing this rule, the rate of mortality is lessened. For ligatures and sutures, he uses silk in preference to the silver or iron wire.

In applying the dressings, having first made a pretty free application of the persulphate of iron to the free portion of the pedicle, he levels up the depressed parietes, by laying in the hollow spaces carded cotton or soft cotton cloth. Over this he applies broad strips of adhesive plaster not less than eighteen inches in length, and extending from the epigastrium down to the lower angle of the incision, where the pedicle is kept confined outside by the clamp.

Subsequent treatment, very simple; opium not given, except as an anodyne, and generally limited to the first few hours after the operation. Nourishment sparingly allowed for the first twenty-four hours, and cautiously increased from day to day as the circumstances of the case may suggest.

As with most other operators of large experience, Mr. Wells has had several remarkable recoveries:—as M. Koeberlé expresses it, "remarkable instances of the triumph of art and nature under circumstances the most embarrassing." In two instances at least the ovariotomy was performed where it was discovered that the cyst had been previously ruptured, and its contents, consisting of a thick gelatinous fluid, had passed into the peritoneal cavity. Notwithstanding the protracted manipulations necessarily attendant upon this state of things, recovery in both instances was uninterruptedly rapid and complete.

Probably the most remarkable instance of recovery, however, that has ever been put upon record in connection with ovariotomy, is the one occurring several years since in the practice of Mr. Wells, and published by him immediately after, in the London "*Medical Times and Gazette.*" It was a case of co-existence of ovarian cyst with pregnancy of three or four months standing.

In relating this case to me, he remarked that he had been so far misled in his diagnosis, that the existence of pregnancy was not suspected: that having first evacuated a very large cyst which had unmistakably characterized the nature of the disease, he proceeded at once to evacuate in the same manner, what he judged to be another cyst, though of smaller size. The gush of blood that followed the withdrawal of the trocar, made known, of course, the true state of things, and the next concern of the operator was to make the best of his mistake and obviate, if possible, its consequences. With admirable self-possession and good judgment, he proceeded at once to do the only thing, probably, that afforded any chance of saving the life of his patient—viz., to open the uterus and remove its contents. This being done the organ contracted at once, and the bleeding ceased. The divided walls of the uterus were brought together and secured by four or five interrupted sutures. In all other respects the case was treated as an ordinary case of ovariotomy. This patient finally recovered, and is now living and in good health.[*]

[To be continued.]

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[*] The case of Mr. Wells is not singular; the same complication occurred in my own practice not many months since. In brief, it was as follows.

I was called upon to visit a lady in a neighboring city, said to be suffering with an ovarian tumor, and with symptoms so severe as to demand immediate relief.

Upon examining the case, the presence of a large ovarian cyst was unmistakably evident. The patient gave a short account of the progress of her disease, stating that at first she supposed herself pregnant, but latterly she had become convinced that she was mistaken. In this view she was confirmed by the physician who had been previously attending her. He had satisfied himself by uterine exploration.

To relieve present suffering, tapping was resorted to, and twenty-five pounds of fluid drawn away. It was also arranged, at the same time, that the removal of the tumor should take place as soon as the refilling of the cyst should render further action necessary. In the course of a few weeks the enlargement returned, and I was again sent for. In the presence of several other physicians, I proceeded to the operation. The tumor was brought to view through an incision some four inches in length. Upon its being evacuated and drawn out from the abdominal cavity, it was at once made obvious that the case was complicated with pregnancy. Retreat was then impossible, and it only remained to complete the operation by removing the cyst, which was done after first detaching it from its adhesions to the omentum. In all respects the operation was performed, and treated subsequently, just as if there were no complication. Unfortunately, however, as we had reason to fear, abortion took place on the third day, peritonitis supervened, and resulted in death eighty hours after the operation.

This statement of facts will be sufficient, it is hoped, to correct the erroneous impression that seems to have been entertained in certain quarters, that the operation in question was undertaken upon an entirely incorrect diagnosis—that, in point of fact, there was really no disease at all, but simply a case of pregnancy. On the contrary, the diagnosis as to the nature of the case was correct; the *complicating conditions* could not have been reasonably sup-

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D., one of the Visiting Surgeons.]

SIXTEENTH PAPER.—*Synopsis of Five Hundred Fractures treated at the Boston City Hospital, in three Years—from June,* 1864, *to June,* 1867.

THE relative order of frequency was as follows:—

Fractures of the femur,	75	Fracture of the toes,	5
“ “ clavicle,	68	“ “ body of scapula,	3
“ “ tibia and fibula,	58	“ “ coracoid,	3
“ “ humerus,	49	“ “ patella,	3
“ “ radius,	46	“ “ nasal bone,	3
“ “ radius and ulna,	35	“ “ many bones,	3
“ “ fibula,	27	“ “ spine,	2
“ “ ribs,	23	“ “ both femurs,	3
“ “ tibia,	22	“ “ both legs & femur,	4
“ “ skull,	20	“ “ both legs,	2
“ “ lower jaw,	14	“ “ upper jaw,	1
“ “ fingers,	11	“ “ sternum,	1
“ “ pelvis,	9		
“ “ metacarpus,	5	Total,	500
“ “ tarsus,	5		

Ligamentum patellæ, 2. Dislocat. clavicle, acromial end, 2; sternal end, 1—5.

Of 20 fractures of the skull there were—4 of the frontal bone, of whom all recovered; 10 of the vault, of whom 5 recovered and 5 died; 6 of the base, of whom all died.* Total, 20 fractures—9 recovered; 11 died. Two fractures of vault trephined—both recovered. Three fractures of base trephined—all died. One, for compression, trephined—died. Trephining, 6—of whom 2 recovered and 4 died. Three fractures of the vault recovered without trephining; 2 were fissures; in the third there was no compression. In no case of fracture of the base was there a distinct discharge of serum from the ear. In some, there was hæmorrhage.

The following cases comprise the chief points of interest.

Two cases of compound, punctured and depressed fracture of the vault were trephined, and both recovered.† In neither were there any cerebral symptoms on entrance.

CASE XV.—(Service of Dr. CHEEVER.) The first had a small, sharp cut depression, and on trephining, extensive splintering of the inner table was found, with loose fragments lying on the dura mater,

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posed to exist, because circumstances, as they were presented for consideration before the operation, afforded no reasonable ground for suspecting it.

In this connection, it may not be improper to allude to another instance where ovariotomy was performed under circumstances precisely similar to those above stated. The case was named to me by Dr. Marion Sims (now of Paris), who was himself the operator. Like myself, he had been misled in his diagnosis by the representations of his patient. After having removed a large cyst, he was surprised to find that his patient was three or four months advanced in pregnancy. The uterus was allowed to remain undisturbed, while the operation was completed in the usual way. No bad symptoms supervened, and the patient fortunately made a good recovery.

* Cases trephined for fractures of the vault, not known to extend to the base.

† See Boston Medical and Surgical Journal, October 4, 1866.

which must have given rise to necrosis and meningitis, unless they had been removed.

Case XVI.—(Service of Dr. Thaxter.) In the second case there were no cerebral symptoms until the third day, when one pupil became sluggish, and the pulse slow and intermittent. The operation found the skull very vascular from commencing inflammation, and the periosteum very loosely adherent. Splintering of the inner table; and a slower recovery than in the first case.

Case XVII.—(Service of Dr. Cheever.) There was one case without fracture, with unequal pupils and rapid pulse, with great restlessness, which terminated fatally, and in which a diffused contusion of the brain was found. Minute, miliary clots were scattered through the brain in the base and near the lateral ventricles. In some of these extravasations, yellow softening had taken place.

Injuries of the skull were causes of pyæmia in two cases—of whom one died and one recovered.

Case XVIII.—*Large Compound Depressed Fracture of Skull, terminating in Pyæmia; Purulent Deposits in the Lungs, and Death.*—(Service of Dr. Thaxter.) The patient was struck by a locomotive engine, and knocked down backwards. One hour after the accident he was conscious; skin normal; respiration 15; pulse 56, and soft; pupils contracted.

Dr. Thaxter enlarged the external wound, and found a large, depressed fracture, two inches by one, driven in and wedged. There were also three fissures. The depressed fragment was removed with a Hey's saw, and the dura mater found wounded, with brain protruding. The patient survived one week. He remained torpid, with rather a slow pulse, until the sixth day, when he had convulsions and obstructed respiration. The trouble in breathing increased until his death.

At the autopsy, it was found that the fracture had laid open the frontal sinus and extended through the cribriform plate of the ethmoid. The brain was here softened, discolored and offensive. The lower lobes of both lungs contained numerous soft, circumscribed puriform deposits, without induration, and quite offensive. The other organs were healthy.

Case XIX.—*Fissure of the Skull, with Depression; Pyæmia; Recovery.*—(Service of Dr. Homans.)

Oct. 22d.—A healthy laborer, aged 28, was struck on the head by the handle of a crank, by which a ton weight was being raised. He did not become unconscious. The integuments were lacerated over the right vertex. The pericranium is torn off for a space half an inch square. One inch and a half above the eyebrow is a linear fracture of the skull, three-fourths of an inch long, and probably extending farther beneath the soft parts. The upper border is depressed the thickness of a case knife. Severe headache. Pulse 62. No vomiting. Converses rationally.

Oct. 25th.—Pulse 52. Discharge from wound; a slight rigor, followed by fever and headache.

Oct. 26th.—Sweats freely; sensation of weight at stomach, and difficulty in passing water.

Oct. 29th.—One week since accident. Complains of pain in left shoulder and in left popliteal space. Pulse 99; skin hot; pupils alike. Profuse sweats. Wound healthy.

Oct. 31st.—Nine days since accident. In left popliteal space is a reddened tumor, without fluctuation. No injury there at time of accident. No chills since the first, but paroxysmal fever.

Nov. 1st.—Right pupil more contracted than left, but equally mobile. Pulse 66. No cerebral symptoms. Quinine and good diet ordered.

Nov. 10th.—Nineteenth day. Abscess in ham opened. Discharged several ounces of thin greenish pus, tinged with blood. Patient unable to extend right arm. Continues to sweat.

Nov. 13th.—Probe reveals a small necrosis of skull.

Nov. 21st.—Right elbow much swollen; pain in left shoulder; pain in epigastrium.

Nov. 29th.—Fluctuation over right tibia; pus evacuated; night sweats copious.

Dec. 1st.—Induration of arm less.

Dec. 5th.—Swelling of elbow subsiding. Ordered large doses of quinine for a brief period. Appetite good. Is sitting up.

Dec. 12th.—Necrosis exposed by incisions.

Jan. 10th.—He was discharged well, except a slight necrosis. Now ten weeks since the receipt of the injury.

There can be little doubt that purulent absorption took place from the veins of the diploë beneath the linear fracture. Rigor began in three days, and the tumor in the ham in nine days. The question of interfering with the trephine was seriously entertained at first, but the symptoms did no seem to warrant it.

In the first case of pyæmia, the depots were formed in the vital organs, and death followed. In this case the pus determined to the surface, and he recovered.

In another case of fissure of the skull, recovery took place promptly, and without symptoms.

Cases XX., XXI. and XXII.—*Three* fractures of the frontal bone were depressed into the frontal sinus, but did not penetrate farther. The injury was inflicted with a flat-iron in two instances, and with a brick in the third one. The frontal sinus in one case was extremely deep, and the anterior lobes of the cerebrum set back, like the Simian race. This saved the patient, who was unusually stupid, from injury of the brain. In every case the sinus granulated, and the patient recovered without bad symptoms.

The following case, also, deserves to be recorded.

Case XXIII.—(Service of Dr. Buckingham.) A little boy, playing in a stable, was kicked in the face by a horse. There were neither shock nor cerebral symptoms. The upper edge of the orbit was denuded of periosteum, and the orbital process of the malar bone fractured and comminuted; there was also a deep, ragged wound in the temporal fossa. The eye escaped, and so did the skull, both of which seem quite remarkable, when we consider the violence of the blow. He recovered promptly, and without necrosis.

CASE XXIV.—*Fracture of Skull opening the Longitudinal Sinus; Death.*—A boy of 9 years of age was struck on the head by a piece of joist, falling four stories. He was felled senseless, and never regained consciousness. Pulse 54, feeble; respiration 30; left pupil contracted; right, dilated. The blow was across the vertex. A large fluctuating tumor was formed. Symptoms of compression being evident after some hours, a slight opening was made, when large quantities of venous blood gushed forth. Hæmorrhage was restrained by pressure and bandaging. The pulse failed; and death occurred in three hours. No autopsy.

Three cases were complicated with hernia cerebri—of whom two died and one recovered.

CASE XXV.—*Compound, depressed Fracture; Hemiplegia and Death.*—A lad of eight years was struck on the head with a small hammer, producing a compound, depressed fracture of the right vertex, one inch and a half in diameter. Cerebral substance exudes. Perfectly conscious. Portions of jagged and depressed bone were elevated and removed. The dura mater was found lacerated. Hernia cerebri followed. Pulse 160; conscious; cheeks flushed; both pupils much dilated, and both eyes obstinately directed to the right side. They could not be diverted. The left arm and leg were paralyzed, but reflex movements could be excited. Urine voluntary. He survived five days.

CASE XXVI.—In the second case, hernia cerebri followed the use of the trephine; complete hemiplegia of the opposite side succeeded, and eventually coma and death.

CASE XXVII.—The third case recovered. A strong, healthy man, aged 29, was struck from behind with an axe, held in both hands, and with great force. He was unconscious for two hours; then had severe pain and restlessness; no paralysis; pupils alike and normal; pulse 60, full, intermitting every fourth beat. A depressed portion of the occiput, two inches square, communicating with a large lacerated wound of the scalp, was raised and removed. Dura mater scratched, but not perforated. The pulse became regular. Next day, he was delirious. On the following day, intermittent pulse, with fever. Four days after injury, pulse down to 54. No paralysis. Wound of integuments opened. Suppuration has begun. Wound black and sloughy. Dura mater bulging.

Dr. Homans, fearing compression from blood or pus, laid open the dura mater. The membrane was congested, but nothing else found. Hernia cerebri slowly extruded, until it attained the size of an English walnut. For the following week he was violent and delirious. The hernia pulsated strongly. At the end of a week he became quiet and rational. Hernia covered with granulations. Pulse 76, regular. The following week it alternated from 48 to 60. A little incoherent at times. Wound healthy. The following fortnight, pulse from 50 to 60. Dizziness only on turning in bed. Wound contracting. At the end of another fortnight he was walking about, with a pulse of 70, and regular. Improving in appetite, strength and flesh. Ten weeks after the receipt of the injury he was well, and discharged. The hernia cerebri had subsided, and was covered with sound integument. The only symptom complained of was dizziness on moving the head suddenly, and a feeling as if the brain were shaken on the injured side, at those times.

[To be continued.]

IMPROVED MIDWIFERY FORCEPS.

[Read before the Maine Medical Association, at its meeting in June, 1867, and communicated for the Boston Medical and Surgical Journal.]

By John Buzzell, M.D., Portland, Me.

During the first ten years of my practice, I was often obliged to spend from twenty-four to forty-eight or more hours in attendance upon cases of parturition. This was true more especially in primiparæ. I frankly acknowledge that notwithstanding the prevalent idea that nature must have her own time to do her own work, I often felt, during these experiences, a strong desire to abbreviate this process. It did appear to me that if I had power to flatten and elongate my thumb and fingers so as to enclose the head of the child within their grasp, I could greatly facilitate delivery without injury to mother or offspring.

In the absence of this power, I contrived the forceps herewith delineated.* Their peculiar virtue lies in their compactness and facility of application, not requiring any change from the ordinary position of the patient on the left side.

The blades in general contour resemble Simpson's, but are wider and thinner, thus presenting more surface with the same amount of metal and strength, and occupying less space in the pelvis. The curve of the blades is such that they never slip. The handles are peculiar, in that they are very short, so that they can be grasped in the palm of the hand, but are capable of being lengthened, one part turning out upon the other, giving sufficient length to apply them in the superior strait, also affording a fulcrum for another hand when both are required in extraction. When turned at right angles they can be used as a lever to change the position of the head, whenever it is desirable to do so. The rings are similar to Bedford's. The joint is like Simpson's. In fact, I claim no other originality than that of combination, and after nine years experience, during which time I have applied them about two hundred times, I desire to call the attention of my professional brethren to them, believing that by so doing I shall not only confer a favor upon them, but contribute in some degree to the relief of human suffering.

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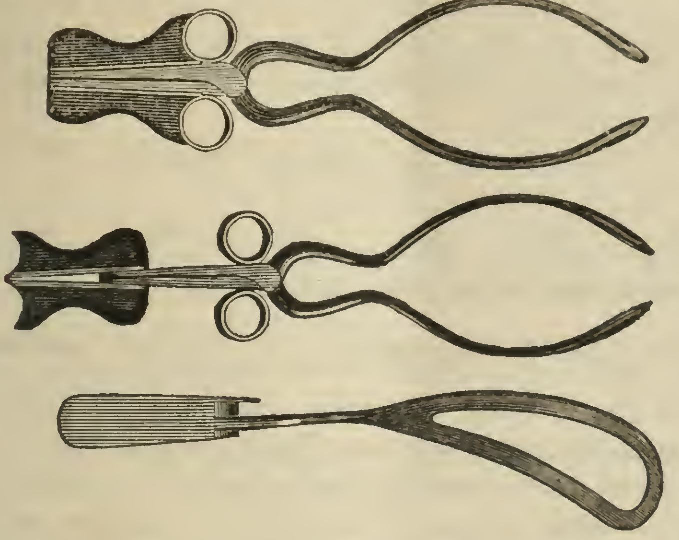
* The forceps have been made for me in a very satisfactory manner by Messrs. Codman & Shurtleff, Boston.



I do not wish to be understood as advocating the too frequent use of instruments in labor. I am aware that in inexperienced and unskilful hands any instruments are dangerous; but, I do believe that, with such forceps as are here presented, a skilful and judicious obstetrician can with safety greatly *facilitate* delivery in tedious labors, often abbreviating the process from two to twelve or more hours; and thus actually removing many of the dangers and accidents to which lying-in women are liable. Since I have had these instruments, I have not had a patient suffer from ruptured perinæum, vesico-vaginal fistula, or puerperal fever—proving, at least, that they have not contributed to these accidents.

CASES OF SCARLATINA, WITH TABLES OF TEMPERATURE AND PULSE RANGE.

By Hall Curtis, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—G. A., boy 9 years old; severe initiatory symptoms—violent headache; delirium, followed by universal brilliant eruption; angina quite severe. On the tenth day of his sickness he was threatened with abscess of the left tonsil. Recovery gradual. See Table No. I. (Hours of observation, 9, A.M., and 5, P.M.)

1st Case—G. A., 9 years old. Table I.

	5th day.	6th.	7th.	8th.	9th.	10th.	11th.	12th.
Temperature.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.
	100 98	98 98	99 99	99 100	98.2	102.5 100	98.5 97	98.5
Pulse.	100 100	98 84	88 84	92 88	88	92 96	72 76	88

Case II.—H. A., brother of the above, 7 years old; seized three days after his brother. Health generally below par. His case was quite similar to his brother's, but more tedious, with bronchial complications. Table No. II. gives his temperature and pulse range. Both of these cases had albuminous urine to slight extent, but no pullback in their recovery.

2d Case—H. A., 7 years old. Table II.

	2d.	3d.	4th.	5th.	6th.	7th.	8th.	9th.
Temperature.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.	M. E.
	103 100	99.3 99.3	99.3 100	99 100	100 100	99 99.3	98.5	98
Pulse.	132 136	140	128 120	116 108		96 92	104 96	96

Case III.—Tim, 2 years, 8 months. Commenced to complain of nausea and vomiting, with fever, on Friday night, Nov. 1st, 1867; also of sore throat. On Sunday, a rash appeared. Monday morning, when I first saw him, he was looking bright; skin hot and covered with punctate rash, most marked on anterior aspect of body, especially about loins and abdomen. Right side of tongue studded with aphthæ—tongue itself bright red at tip, and on its under surface—papillæ projecting through the white coat covering the rest of it. He was kept in bed; fresh air; light diet; lemonade and chlorate of potash drinks; with lard inunction. Slept heavily during afternoon, awaking bright and cooler—quiet; head and cheeks less flushed. He continued to improve, on Thursday was up and about the room. Desquamation did not commence till the 10th of November. Table No. III. gives the temperature and pulse range of this patient.

3d Case—Tim, 2 years 8 ms. Table III. Convalescent 6th day.

	3d.		4th.		5th.	
Temperature.	M.	E.	M.	E.	M.	E.
		101.5	98.5	100	98	
Pulse.		152	120	128	108	120

Case IV.—Maggie, 5 years old, sister of above, never a strong child, with black hair, thin face, black sunken eyes. "Troubled with worms" and frequently with diarrhœa; fond of school and her books. Complained Monday, Nov. 4th. Skin then hot; face flushed; tongue and fauces bright red, but no other change in fauces. Skin efflorescent in scattered patches, especially at bend of knee. This case assumed a papular and vesicular form, patient frequently complaining of headache, generally frontal—conjunctivæ yellow. The 7th day of her illness her face perspired freely; rest of body hot and dry. Next day there was epistaxis; neck desquamating, face hot. Trunk desquamating following day, the 9th day of illness. Desquamation became general except on the face, which did not visibly desquamate. Angina in this case slight.

Table IV. gives temperature and pulse range of this case.

4th Case—Maggie, 5 years. Table IV.

	1st.	2d.		3d.		4th.		5th		6th		7th.		8th.		9th.		10th.
Temperature.	E	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.
	103	101	103.5	100.5	102.8	99.8	101.2	100.6	101	106.8		106.8		99.6	101	99.6	98.7	
Pulse.	140	116	130	120	128	112	128	124	120		140	128		116	120	108		100

Case V.—Sarah, another sister, aged 7 years—was taken Wednesday the 6th; going on comfortably, with eruption and angina. Desquamation of face commencing the 5th day of illness—same papular and vesicular form as preceding case.

Table V. gives temperature and pulse of this case. Albumen was not detected in these cases.

5th Case—Sarah, 7 years. Table V.

	1st.		2d.		3d.		4th.		5th.		6th.		7th.		8th.	
Temperature.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.	M.	E.
		100	98.9	101.4	100.4	101.4	99.5	101.8	99.8	101	98.8	99.6	99		98.8	
Pulse.		120	130	140	120	136	120		108	124	100		84			

I would mention the peculiar nauseous odor proceeding from the bodies of the girls, a peculiarity unmentioned by Bouchut, Condie, West, Barthez and Rilliet, Graves, Aitkin, Watson, Valleix. Dr. Heim of Berlin mentions that the odor in rubeola or rötheln is stronger than that which scarlatinal patients emit.

The mother was taken Wednesday afternoon, November 6th, with severe inflammatory angina, increasing during the next three days; glands under and behind lower jaw much swollen, and very tender; voice nearly lost, jaw almost immovable. Right tonsil having diphtheritic *looking* patches, which extended slowly on gland. Three leeches to each side of neck, and poultices, gave great relief; wine; tincture of muriate of iron; insufflation of alum; chlorate of potash drink, meat broths, as treatment. Recovered rapidly.

The *father* was taken on the 16th, with severe tonsillitis, but in three days was out, having used only domestic remedies.

The mother and the three children all presented at the angles of the mouth, irregular, ulcerated fissures with greyish aspect, of suspicious appearance, but no specific history.

Massachusetts General Hospital.

[Surgical Operations for the week ending December 21st. Reported by C. B. Porter, M.D.]

1. *Abscess in right Lumbar Region.* By Dr. H. J. Bigelow.—This patient, a married woman, aged 21 years, had a large abscess in the lumbar region, unattended by any special symptoms, except the presence of the tumor, which was as large as a cocoa-nut, and distinctly fluctuating. The abscess being opened and the pus discharged, an examination detected no diseased bone, but there was a long sinus running up along the side of the spine, leading to the belief in the existence of Pott's disease, of which neither pain, paralysis nor curvature afforded any other evidence.

2. *Tumor of Thumb.* By Dr. H. J. Bigelow.—This patient, aged 45 years, had a small tumor on the dorsum of the first phalanx of the left thumb of three years' duration, of the size of a Malaga grape, and from its mobility and fluctuation it resembled, as was stated before its removal, a wen, while its position on the dorsum of the phalanx was more like that of an enlarged bursa. It proved to be a wen, which is rare in this position.

3. *Perineal Section.* By Dr. H. J. Bigelow.—This was the patient whose case was reported two weeks ago as urethral stricture, who having experienced no relief by forcible dilatation, and experiencing great pain and irritability of the bladder, it was thought best to divide the stricture from the outside. A staff was introduced into the bladder, and perineal section performed in the usual way.

4. *Disease of Thumb.* By Dr. R. M. Hodges.—The opening of a serous cavity formed in the end of the thumb had been followed by unhealthy inflammation and the formation of a pocket, preventing the free discharge of matter. The pocket was laid open by radiating incisions, and the resulting wounds kept open.

5. *Abscess of Stump.* By Dr. H. J. Bigelow.—Amputation of the thigh at the junction of its middle and lower thirds, two months previous, was followed by an abscess, opening high up between the scrotum and the thigh. A free counter-opening was made at the other end of the stump, to take the place of the former.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 26, 1867.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR 1867.

The annual publication of their Transactions by the different State Medical Societies in the United States is fast becoming an important addition to the yearly accumulation of medical knowledge. As they come to us from one State and another, we are more and more impressed with this fact. And yet, as a class, they must have a very limited circulation—hardly extending beyond the confines of the State principally interested. Any one of the leading medical journals would distribute the papers which they contain over a much wider field, and thus add very greatly to their value and usefulness. The Transactions of the New York State Medical Society, which have just come to us, illustrate very fully this truth. It is a volume which would do credit to any professional body, containing, as it does, in addition to the report of the meeting of the Society and the usual business incident to the occasion, twenty-six papers on professional subjects, which, with two or three exceptions, have a permanent value. A sketch of its contents can hardly fail to interest our readers.

The annual address by the President, Dr. Joseph C. Hutchinson, of Brooklyn, is an interesting discourse on the moral power of the profession as superior to that of legal enactments, as the best agency of effecting medical reform.

The prize essay on Medical and Vital Statistics, by Franklin B. Hough, M.D., of Lowville, N. Y., is a paper which commends itself to every statistician. It contains among its useful features, detailed plans for records of medical practice, obstetric records, hospital records, and records of wounds in military service, which are the most convenient and full which we have yet seen. The paper concludes with a carefully prepared act for the registration of births, marriages and deaths, offered for the approval of the Society, to be laid before the Legislature of New York.

A paper on Chlorosis, by Prof. W. H. Thompson, of University Medical Colledge, gives the details of a very remarkable case of this affection, following suppression of the catamenia, showing, in the words of the author, "that the most diverse secretory glands of the body are, nevertheless, closely associated in action, and that between them there is a common mechanism which coördinates the working and presides over the division of labor, throughout the whole complex process of feeding and depurating the circulation." The patient at one time had stercoraceous vomiting, alternating with small, white alvine discharges, and the stomach refused to retain anything. For this symptom, nitro-muriatic acid was given for its reputed cholagogue effect, with reference to which we quote the following practical remarks:—

> Having on former occasions been myself disappointed in producing a chologogue effect with nitro-muriatic acid, owing, as it would afterwards prove, only to the defective quality of the preparation, I proposed trying it again after making the acid myself. I therefore mixed what purported to be chemically pure nitric and muriatic acids, in the usual proportions, but no effervescence took place, and yet this mixture had been administered as true nitro-muriatic acid, with no result, as above stated. To this mixture I added a small quantity of sulphuric acid, as recommended by Dr. Wood of Philadelphia, which, by taking up the water of the other dilute acids, caused them to combine actively, copious orange fumes being given off and the liquid assuming a similar, but deeper color. This was then given to the patient both internally and by fomentation externally. Within two hours, bilious vomiting took place, followed in an hour by soft yellow stools, which presented a marked contrast with the clay colored dejections she had passed previously. I was much struck with this prompt action of the acid, and I may state that it has proved in my hands a reliable remedy in other cases of deficient biliary secretion, so that I regard its failure in the experience of other practitioners as probably due often to the same cause as when first tried with this patient, namely, that the real acid was not given. I have been repeatedly told by druggists that they were sure their acids combined energetically when they poured them together, but on asking them to allow me to mix a small quantity of their acids myself for experiment, found them to behave no differently than would the same quantities of spring water. Such a mixture will not dissolve gold leaf, why, therefore, may not its failure to produce a peculiar physiological effect be from the same cause which prevents its peculiar chemical effect?

To overcome the constipation so common in females, Dr. Thompson has great confidence in belladonna, combined with nux vomica and colocynth. He says:—

To secure, therefore, a natural action of the bowels, with a slight catharsis after prolonged inaction, I have been accustomed to prescribe at night one pill compounded of ext. belladonnæ gr. ¼, ext. nucis vom. gr. ss, ext. colocynth. co. gr. iii. In a few cases a second pill in the morning is necessary at first, to overcome the old habit; but one soon becomes enough, and I have tried it now in a sufficient number of patients, who had long resorted to other means ineffectually, to make me confident of its benefit.

In an admirable paper on Stillbirths, Prof. George T. Elliot, of New York, urges the great importance of making an autopsy of the infant, as a means of relieving the conscientious practitioner from the self-reproach of having done too much or too little in the management of the case. The author shows, by the record of a few cases in his own practice, how impossible it is to determine the cause of death without an autopsy, and that this is likely to reveal a very different cause from the supposed one—one entirely independent of any act on the part of the accoucheur. The animus of the author is shown in the following paragraph. Speaking of the anxieties and difficulties which attend the questions involved in obstetric operations, when they are elective and not of necessity, he says:—

> With all my best efforts and the observations of the practice of others in circumstances of similar advantage during the last seventeen years, I have yet recently been called on anxiously to doubt whether a still-birth might not have been prevented by an operation which I had decided against; and on the other hand, anxiously to doubt whether an operation—undertaken from the clearest clinical convictions of its necessity—might not better have been deferred.

The tragical end of Sir Richard Croft, the accoucheur of the Princess Charlotte, who committed suicide, because of his failure in the case of an elective operation in her case, is referred to by Dr. Elliot as an added argument for an autopsy in all cases of stillbirth. We earnestly commend this paper to all accoucheurs.

The report, by Dr. John Swinburne, Health Officer of New York, on Cholera at Quarantine, near that city, is a valuable document, giving the history of this disease as it appeared in vessels arriving below New York during the year 1866. These were nineteen in number, and on board of them there were, either during the passage or after arrival at quarantine, 737 deaths. Dr. Swinburne is a firm believer in the communicability of cholera, and of the immense importance of quarantine restrictions upon vessels having it on board. He says:—

> That while more than six hundred cases of cholera were being treated on vessels at quarantine, and several thousand who had been exposed to cholera were detained in the lower bay, not a single case of cholera occurred on the adjacent shores. So at Halifax, while the "England" was detained in that port, a few cases only occurred on shore; and these were distinctly traceable to infected clothing from the ship, which had been thrown overboard and picked up on the adjacent beach. These circumstances, if standing alone, are sufficient to dispose of all theories of contagion based upon atmospheric, telluric, or any other mysterious agency. And more than this—they not only dispose of them, but as a negative evidence, combined with all the positive data obtained here and elsewhere, go to prove that cholera never appears in a new locality without communication directly or indirectly with persons or place.

Dr. J. V. P. Quackenbush, of Albany, contributes an interesting paper, illustrated by diagrams, on Spontaneous Evolution of the Fœtus; the object of which is to emphasize the difference between a shoulder presentation and its management, and that presentation after the child has left the uterus and lies impacted in the pelvis.

A paper by Dr. Henry M. Field, of New York, on the Continued Fever of New York City, concludes with the following pithy statement, which contains in a nutshell the substance of the best professional opinion at the present day:—

> We cannot cure fever. No man ever cured fever. It will often cure itself. If you keep the patient alive long enough he will get well himself.

From the report on Hygiene, in the Section on the Results of Quarantine, by Dr. W. C. Anderson, we take the following extract:—

> The year ending November 30, 1866, has been peculiarly important in connection with the history of the practical results of quarantine. Never before, during the same period, can it be said that so much was accomplished toward the preservation of the hygienic conditions of our community from the introduction of imported disease.
>
> The proof of this statement is found in the history of previous epidemics of cholera in the city of New York. In 1832, but twenty-three (23) cases of cholera were received into the quarantine hospital, at Staten Island, from vessels detained at the old quarantine station. During that year there were three thousand five hundred and twelve (3,512) deaths from cholera in the city of New York. In 1849, there were two hundred and thirty (230) cases at quarantine, and five thousand and seventy-one (5,071) deaths from cholera in the city. During this season the disease prevailed extensively on the shores of Staten Island, and in the villages adjacent to the quarantine station. In 1854, the quarantine hospitals received four hundred and fifteen (415) cases from infected shipping, and two thousand five hundred and nine (2,509) deaths occurred from cholera during the same season in the city of New York. It was also epidemic on Staten Island, particularly in the neighborhood of the quarantine and the villages extending along the shore.
>
> During the past year, although there have been treated on board the hospital ship in the lower bay, six hundred and twenty-two cases of cholera, only twelve hundred and ten deaths from that disease have occurred in the city, and that with a population double what it was in 1849, and four times greater than in 1832. Eight thousand five hundred and one (8,501) persons exposed on the voyage to the infection of cholera have undergone quarantine detention in the lower bay, among whom, in addition to the number of cases removed to the hospital ship, more than fifteen hundred cases of choleraic diarrhœa manifested itself and received treatment, thus preserving the city from this great amount of imported disease. But notwithstanding the great barrier afforded by the isolated floating hospital, and the remote anchorage of the lower bay, as applied to actually infected ships, there was another source of infection from abroad, from which, with the present facilities for carrying on quarantine, it is not possible to guard against. Quarantine has only been applied to vessels and passengers among whom cholera has made its appearance after departure. On the other hand, vessels with large numbers of passengers were constantly arriving direct from infected ports, but not having had sickness on board, were not detained at quarantine. And although the rule adopted by the board of health confined passengers who had been exposed to infection on the voyage to quarantine for the period of twenty-two days, passengers in vessels that had arrived without exhibiting cases of cholera were allowed to go direct to the city, although only ten or eleven days on the voyage from an infected port. If, then, the rule of Pettenkofer, that the virus may be latent for twenty-two days be correct, the disease may have been introduced in this way.

Other interesting papers are contributed, by Prof. Alden March on a New Method of removing Urinary Calculus from the Urethra; by Dr. John Root on a Case of Empyema, with recovery after paracentesis by Dr. Morrill Wyman's operation; by Dr. George M. Beard on the Medical Use of Electricity; by Dr. G. J. Fisher on Diploteratology, continued from the Transactions of 1866, and illustrated by numerous lithographic engravings. Dr. H. R. Storer contributes a paper advocating the Scarification of the interior of the Uterus for Chronic Metritis, with a description of an instrument for the purpose, of his own contrivance, being a modification of one invented by Dr. Miller, of Dorchester, Mass.

Want of space compels us to forego a fuller notice of this interesting volume. What we have said illustrates its value. It is well printed, at the expense of the State. If such an enlightened provision existed in all our States, the result could not be otherwise than favorable to a rapid development of our native professional resources.

Treatment of Scabies.—With regard to the efficacy of sulphur in the treatment of this disease, which was somewhat doubtfully referred to by Dr. Durkee in his recent paper on the subject, published in this JOURNAL, Dr. Carl H. Smith, of Kenton, Ohio, writes us that he has employed it, mixed with glycerine to the consistence of an ointment, in upwards of five hundred cases, in civil and army practice, with unfailing success. In three or four days the disease disappeared in every instance, one or two applications having been made daily.

The Cincinnati Lancet and Observer, which commences in January its twenty-ninth year, is now the only medical periodical in Ohio—the other various journals which have been started at different times during the last twelve or fifteen years having run their course and disappeared.

DURING the yellow fever epidemic in New Orleans, a physician, while making haste to visit a patient in a critical condition, was arrested by a policeman for "fast driving," and actually detained in the station house all night. The patient, upon the non-arrival of the physician, exclaimed, "My doctor has given me up," and died.—*Medical and Surgical Reporter.*

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 21st, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	49	55	104
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.3	41.6	83.9
Average corrected to increased population - - - - -	00	00	91.34
Deaths of persons above 90 - - - - - - - -	2	0	2

COMMUNICATIONS RECEIVED.—Food for Infants.—Teeth, their Diseases and their Influence on the General Health.—Singular result of Abdominal Section.—On some of the Effects of Bromide of Potassium.

MARRIED,—At Charlestown, 19th inst., George H. W. Herrick, M.D., to Miss Mary E. Merriam, of Billerica.

DIED,—In Philadelphia, 4th inst., Wilson Jewell, M.D., in his 67th year.

DEATHS IN BOSTON for the week ending Saturday noon, Dec. 21st, 104. Males, 49—Females, 55. Abscess, 2—accident, 3—apoplexy, 2—disease of the brain, 3—bronchitis, 1—burns, 1—consumption, 12—convulsions, 3—croup, 2—cyanosis, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 21—typhoid fever, 4—fistula, 1—disease of the heart, 2—infantile disease, 1—insanity, 1—intemperance, 3—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 10—marasmus, 1—old age, 6—paralysis, 1—premature birth, 2—pyæmia, 1—scrofula, 1—syphilis, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 33—between 5 and 20 years, 12—between 20 and 40 years, 17—between 40 and 60 years, 17—above 60 years, 15. Born in the United States, 75—Ireland, 21—other places, 8.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVII. THURSDAY, JANUARY 2, 1868. NO. 22.

OVARIOTOMY—OBSERVATIONS IN EUROPE.

By GILMAN KIMBALL, M.D., of Lowell, Mass.

[Concluded from page 435.]

SECOND to Mr. Spencer Wells in ovariotomy, no one in London holds so prominent a position as Mr. Baker Brown. Although, taken in the aggregate, his cases may not show altogether so good a record as that of Mr. Wells, they certainly afford decided evidence that, as compared with the record of operations in general, they have been remarkably successful. The following is a copy of his "Ovariotomy Statistics," as he gave them to me in July last:—

Completed cases,	111	Recovered,	76	
		Died,	35	
Incomplete cases and partial extirpation,	16	Recovered,	3	
		Died,	13	
Exploratory incision,	11	Recovered,	6	
		Died,	5	138
Total number of cases of all kinds,	138	Recovered,	85	
		Died,	53	138

"But of the last forty-five cases of complete ovariotomy, with the pedicle treated by *actual cautery*, there were forty recoveries and five deaths."

In view of the remarkable results following the use of the cautery, as shown by the above statement, one would be led to suppose that every other method of treating the pedicle would be at once abandoned; and yet it has failed to give satisfaction in the hands of other operators. It was resorted to several times by Mr. Spencer Wells, but with such indifferent success that he was induced to give it up altogether. The same has been the case, I believe, with most other ovariotomists in England. The chief objection raised against it is its insufficiency in controlling hæmorrhage; so that to meet this difficulty, it has been found necessary oftentimes to resort either to the clamp or to the ligature as a supplementary procedure.

On the other hand, Mr. Brown claims that in the use of the cautery plan, he experiences no trouble from bleeding, and in explanation of its failure in the hands of other surgeons, says, that with them the pedicle is severed *too quickly*, that the cauterizing iron has been too intensely heated. His plan is never to use the cauterizing iron at a more than red heat—passing it very slowly to and fro across the pedicle, occupying several minutes in the process, and holding it all the while in the grasp of the clamp till it is quite certain that all tendency to bleeding has passed. He has never had an instance of secondary hæmorrhage in connection with this method of procedure.

He claims, also, to have found the cautery equally serviceable in controlling bleeding from parts torn on account of adhesions, especially where, on account of the large number of small vessels, the application of ligatures would be impossible. He believes, and with good reason, undoubtedly, that some attention should be given to the *preparing* the patient for an operation. For this purpose, however, he relies more upon the observance of certain hygienic rules, than upon any special plan of medication—seeing to it that, as far as the circumstances of the case will permit, the functions of the system generally, are in a healthy state.

The *condition of the skin*, he believes, has much to do in determining the result of an operation. He never operates, he says, upon a patient with a *dry skin*.

In regard to after treatment, Mr. Brown pursues the same plan that is ordinarily observed by other operators.

While noticing the distinguished and most successful ovariotomists of London, it would be obviously unjust not to mention Mr. Thos. Bryant, of Guy's Hospital. Although less experienced than several other ovariotomists in England, the results of his cases have been such as to place him among the most successful operators. I have been favored with a statistical statement of all his operations up to the middle of July last; but I am not at liberty to make them public any further than by referring to those which have been already given in detail in a pamphlet published in the early part of the present year. We have, in the pamphlet referred to, a full account of twenty-six cases, the analysis of which stands thus: Seventeen recovered, or 65 per cent.; and nine died, or 34.6 per cent. He also gives two more cases in which both ovaries were removed—each operation being followed with a fatal result.

Besides furnishing a detailed account of his own cases, Mr. Bryant has rendered his pamphlet, in other respects, one of the most valuable contributions to the history of ovariotomy that has ever been published. His statistical tables, which have evidently been prepared with great care and labor, are especially valuable, as affording data from which he has deduced important and interesting conclusions. His cases are tabulated as follows:

First—nine hundred completed operations, embracing the whole body of cases that had then been collected—including, particularly, the British, American, French and German.

The analysis of this table shows that out of

	Recovered.	*Died.*
900 cases,	560 or 62.3 per cent.	342 or 37.7
658 British,	435 or 66.2 " "	223 or 33.8
242 Foreign.	125 or 51.7 " "	117 or 48.3

Table 2d, "shows all such operations as have been incomplete, from either a false diagnosis, the presence of strong adhesions, or other causes."

Of these he furnishes 157 cases.

Total.	*Recoveries.*	*Deaths.*	*Mortality, per cent.*
157	95	62	39.4

Conclusions.—"That the partial extirpation of an ovarian tumor is one of great danger, the mortality of such cases showing a difference of 21.6 per cent. over completed operations; and that those abandoned on account of unexpected difficulties or false diagnosis are less fatal than the average examples of ovariotomy."

Table 3d, "shows the condition of the patient at the time of the operation, and its effects on the result." Without quoting the figures, showing the comparative results consequent upon "*good*," "*impaired*," and "*much broken*" constitutions, it is only necessary to give the natural practical conclusion, viz.: "That the patient's health should not be allowed to suffer, or become impaired before the question of an operation has been decided; and as soon as evidence appears that such is the case, the expediency of ovariotomy should be entertained; for by delay, only evil is to be expected."

Table 4th, is calculated to show the effects of the influence of age on the operation. It contains an analysis of 575 cases of complete ovariotomy with the results.

"From this table no definite conclusion is drawn: yet it would appear that the operation is more successful in early, than in advanced life." It also seems that between the ages of 45 and 50 the operation is as successful as at any other period."

Table 5th, shows the character of the tumor in 500 cases, with the result of the operation.

The careful consideration of this table, he says, leads to the following conclusions:—

"The simpler the nature of the tumor, the safer is the operation for its extraction; and, in proportion to the solidity of the growth, appears to be the danger of ovariotomy; the gradations of danger being progressive, and the difference between the extremes so great as 20 per cent.

Table 6th, shows the effects of previous tapping on the operation of ovariotomy.

Of this class, 206 cases are given, in which one or more tappings had been employed; the mortality in these cases was 45 per cent.

In 45 cases in which no tapping had been employed, the mortality was 31 per cent.

"It would thus appear that cases of ovariotomy do better where the operation of tapping has not been previously performed; and that the mortality increases with the number of tappings.

Table 7th, "shows the effects of adhesions on the result of the operation." Cases with no adhesions—mortality 28.1 per cent.; cases with slight adhesions—mortality 40 per cent.; cases with extensive adhesions—mortality 48 per cent.

"It is tolerably evident from the above statement, that the complication of adhesions is a very serious one. The figures which have thus been given show a difference of 20 per cent. in the mortality of cases in which extensive adhesions existed, over those in which no adhesions had to be torn through. Simple parietal adhesions, however, are not to be much dreaded; but those connected with the viscera or pelvis are of serious importance."

From the foregoing tables, Mr. Bryant has deduced the following "conclusions."

1st. That the mortality of the cases of completed ovariotomy is 37.7 per cent.: that of British cases being 33.8 per cent.; of foreign, 48.3 per cent.

2d. That the mortality of the cases of incomplete ovariotomy is very great, the statistics showing a difference of 21.6 per cent. over those completed. But that operations abandoned on account of unexpected difficulties, or false diagnosis, are less fatal than the average examples of ovariotomy.

3d. That the better the health of the patient when the operation is performed, the greater are the chances of securing a good result, and *vice versâ*.

4th. That the operation is more successful in *early*, than it is in *advanced* life, and that between the ages of 45 and 50, when the functions of the ovaries may be said to have ceased, it is as successful as it is at any other period, as long as life's powers are intact, and the feebleness of age has not appeared.

5th. The simpler the nature of the tumor, the safer is the operation for its extraction: and in proportion to the solidity of the growth appears to be the danger of ovariotomy; the gradations of danger being progressive, and the difference between the extremes being so great as 20 per cent.

6th. The cases of ovariotomy do better when the operation of tapping has not been previously performed, and the mortality of the operation increases with the number of tappings.

7th. That the complication of *adhesions* is a very serious one, statistics clearly showing a difference of 20 per cent. over those in which no adhesions had to be torn through. Simple parietal adhesions are, however, of far less importance than visceral and pelvic.

8th. That collapse, hæmorrhage and peritonitis are the chief causes of death after the operation."

Mr. Bryant's manner of operating is in some points different from that of either of the surgeons already named. In regard to the incision through the parietes, his views are very similar to those of Mr. Wells, preferring, as a rule, that it should be only of sufficient length to admit of the easy withdrawal of the tumor. He does not, however, perceive any special disadvantage in the long incision, especially if the tumor be polycystic, or of large size. Indeed, in such cases he prefers the long incision, and more especially also in those cases where there are extensive adhesions, because parts so involved can thus be more readily and safely dealt with.

"As to the pedicle," he says, "I believe by far the best practice is to ligature it in two or more parts, to cut off the ligature and drop the whole inside." "I use good whipcord ligatures; the cautery I dislike, feeling it is an unsafe practice."

In closing the wound, I use deep sutures, including the peritoneum; though on this point I am not particular. I prefer silk to silver, as being no more irritating and less troublesome in removal. They should be insulated about an inch apart, with intermediate superficial sutures through the skin."

In the after treatment he gives opium in moderate doses, merely to allay pain and secure rest. He prefers administering it by the rectum.

For diet, he allows beef tea, milk and arrow root for the first few days, if the stomach will tolerate it; and these should be given cold. In case of continued sickness from chloroform, nourishment should be given by the rectum.

"As soon as the stomach will admit, fresh meat and stimulants should be cautiously given, the object being in these cases, as in all others of general surgery, to keep up the powers of the patient, and so enable nature to complete the work."

In Scotland, ovariotomy has been as yet mostly in the hands of Dr. Thomas Keith, of Edinburgh. In July last, I saw him operate on his 59th case. Of the 58 previous cases, recoveries were obtained in all but eleven. I have since learnt that the 59th case also proved successful; showing a mortality of less than 19 per cent. Probably no such record of success can be shown by any other ovariotomist in the world. Certainly none such has ever been published.

In 1866, he published a statement embracing 48 cases, and, showing how far experience tended to diminish the mortality attending it, he furnishes the following record:—Of the first 16 cases, 6 died; of the second 16 cases, 3 died; of the third 16 cases, 2 died; of the next 11 cases, all recovered.

In considering this unparalleled success, one might naturally be led to suppose there had been a selection of cases; yet he declares that there was no such selection. On the contrary, it appears that at least four cases were operated on contrary to the judgment of the operator, and only at the earnest solicitation of the patients, and that, too, after being told that the chances were ten to one against them.

As with other ovariotomists of extensive experience, Dr. Keith furnishes several instances of very remarkable recoveries.

As regards size, he safely claims to have removed the largest ovarian tumor ever taken from the living body with success—120 pounds was the weight of one he removed from a young woman 27 years of age. She is now living and in good health.

As illustrating the powers of nature in resisting the effects of what might reasonably be considered as a necessarily fatal accident, he related to me a case, where in a fit of coughing the clamp broke away from its moorings, and slipped entirely into the cavity of the abdomen. It was too far in to be reached with the fingers, and was therefore necessarily allowed to remain undisturbed for ten days, when, after becoming detached from the pedicle, it was finally extracted, and the patient meanwhile experienced no serious interruption to her convalescence and final recovery.

Other instances might be quoted from his record, showing how difficult it is to fix a limit to those conditions which should be regarded as absolutely inconsistent with recovery.

Dr. Keith's mode of operating is almost precisely the same as that of Mr. Spencer Wells. He avoids, if possible, extending the incision through the parietes beyond the umbilicus; always employs the clamp if practicable, and prefers silk to metallic ligatures and sutures. He gives opium sparingly, and only with the view of allaying present suffering and securing rest. Like Dr. Koeberlé, of Strasbourg, he bestows great attention on the subsequent management of his cases, and for this purpose he makes it a point, that whenever practicable, the patient, at the time of the operation, shall be within reach of his personal care.

In view of the above remarks upon the different modes of practice pursued by the most distinguished ovariotomists of Europe, more particularly in regard to their different ways of treating the pedicle, it would seem, after all, a rather difficult matter to determine satisfactorily which of the several methods referred to, it would be best, upon the whole, to adopt.

If Mr. Baker Brown's statistics are unqualifiedly correct, one could scarcely find excuse for not deciding in favor of his *cautery* plan of treating the pedicle, as unquestionably preferable to any other yet devised. On the contrary, however, we have the testimony of Mr. Spencer Wells, Mr. Thomas Bryant and others, that it has failed in their hands, and that it is not safe.

The results of Mr. Wells's cases are certainly such as would incline him to hesitate long before abandoning the *clamps,* in favor of the cautery or any other method of treating the pedicle. And so, too, in regard to Dr. Thomas Keith, of Edinburgh, whose plan of operating is, as nearly as possible, the same as that of Mr. Wells: he would scarcely feel disposed, with his 48 recoveries in 59 cases, to give up a method of practice which has afforded such wonderfully favorable results.

The practice of Koeberlé, of Strasbourg, whose operations entitle him to be reckoned among the most successful ovariotomists in Europe, is essentially the same as that of those already named. His peculiar notions in regard to the benefit of placing a glass tube in the lower angle of the incision, have no doubt proved practically advantageous in certain cases; but the results of his practice—two recoveries in every three cases—do not show that, upon the whole, the glass tube has been of any general advantage.

Mr. Clay, of Manchester, as is well known, differs from most other European operators in the fact that he never uses the clamp, but ties the pedicle in one or more parts, and allows the ligatures to hang outside.

That Mr. Clay is a very successful operator, is beyond question; but how successful in comparison with other ovariotomists, his record, up to the present time, fails to show. His views in regard to the length of the incision through the parietes, are somewhat peculiar. He not only believes the long incision harmless, but, as compared with short incisions, maintains that it is attended with better results. Whatever theoretical views, however, the surgeon may have in regard to the different methods of operating above referred to, it will now and then occur that he has in hand a case where no predetermined plan of procedure can possibly be carried out—difficulties presenting themselves which could never have been anticipated, and which can be met only by extraordinary and hitherto unthought-of means. If the clamp, for instance, be the preferred means of managing the pedicle, it would be found, not unfrequently, wholly inapplicable, the tumor being attached by a very short pedicle, or developed possibly from one of the broad ligaments. So, too, in regard to the length of incision. It would be idle to think of adopting the short incision as an invariable rule. In large and solid tumors it would, of course, be found insufficient. Moreover, the long incision is especially desirable in certain cases of extensive and firm adhesions, where, for various reasons, the parts so involved necessarily require a more extensive exposure than a short incision will admit of.

In endeavoring, then, to get at a just estimate of the different modes of practice as illustrated by the most prominent ovariotomists of Europe, the inquiry still remains, which of them has the strongest claims for preference? Without presuming to settle the question by argument, it seems probable that as regards what is still considered the most important problem to be solved, viz., the *best method of treating the pedicle,* the views of practical ovariotomists will continue to be more or less divided.

Cautery and ligature, with their various modifications, constitute the basis of the present distinctive differences in the various modes of operating, and it may be safely presumed that neither of these methods will be wholly abandoned, or that either will ever be universally adopted. This remark applies as well, probably, to the American as to the European mode of operating; and notwithstanding this similarity of practice (except, perhaps, as regards the use of cautery, which has rarely, if ever, been resorted to in this country), it remains yet to be ascertained why it is that in point of results the American record falls so decidedly below the European standard.

Peculiarity of constitution and differences in climate have ever been considered (and with more or less reason undoubtedly), as having an important influence in determining the results of surgical, as well as medical practice; and for want of any other, or better explanation, it may perhaps be properly assumed that these circumstances, rather than any other yet conceived of, will best show why it is that in this single operation of ovariotomy, American surgery now holds a secondary position.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D., one of the Visiting Surgeons.]

SIXTEENTH PAPER.—*Synopsis of Five Hundred Fractures treated at the Boston City Hospital, in three Years—from June,* 1864, *to June,* 1867.

[Continued from page 440.]

OF fractures of bones of the *face* there were only three of the nasal bones; probably because the injury is too trivial to seek hospital treatment.

CASE XXVIII.—*Fracture of the Superior Maxilla*, recognized as very rare, existed *once* in five hundred other fractures. The malar process and the antrum were broken by great direct violence. Recovery was early, and without necrosis. Malgaigne makes a special exception, in the case of this bone, to the rule about removing comminuted fragments in compound fractures. All such particles usually become rëunited, if suffered to do so. The great reparative power of the upper jaw is well shown in the case of its section and displacement for polypus, in the first paper of this series.

Of the fourteen *fractures of the lower jaw*, several were double, and one triple. Only one was a simple fracture. They were usually compound into the mouth. Where double, one was near the symphysis and the other near the angle. These double fractures were very hard to keep in place. I am inclined to think that the second fracture is often overlooked. One of the double compound fractures was followed by abscess, an opening through the skin of the chin, and necrosis with non-union. In this case the bones were drilled and wired from the outside. The wires were removed in six weeks, and union was firm. There was less inconvenience and suffering than when internal wiring and splints were used.

There were three *dislocations of the clavicle*, which are alluded to here on account of their rarity. The one of the sternal end projected upwards, and the patient refused to submit to treatment. One of the dislocations of the acromial end, well known to be of very difficult maintenance in place after reduction, resulted in some tilting up and deformity.

The other one had a perfect result, and was treated by my House Surgeon, Mr. Gay, with the following apparatus of his own contriving. A pad was put in the axilla, and a sling and Fox's apparatus applied. By these means the acromion was drawn outward to receive the uplifted end of the clavicle. Next, the clavicle was held down against the pulling up of the trapezius by a strap and buckle passing under the fore-arm, and thence up over the shoulder. From this a shorter one connected it with the ring of the Fox's apparatus. A pad was placed over the sound part of the clavicle towards the acromial end, and by drawing the buckle tight, the clavicle was held firmly down in place. This was kept on about four weeks, when it was found that the bone was perfectly restored to place.

Fractures of the Clavicle were very numerous; *sixty-eight* in all. Some were comminuted, none were compound. In all, good union resulted; in many, with almost entire freedom from deformity; in many, with some projection at the seat of fracture; and in a few restless patients, or old cases, with marked deformity—thus verifying the common surgical axiom, that when broken in the middle, between the costo-clavicular and coraco-clavicular ligaments, this fracture is one of the most difficult to treat with perfect success; fracture of the lower end of the radius ranking next to it in the chances of ultimate deformity. Unlike the latter, fracture of the clavicle leaves no disability, as it sometimes does malposition.

As to treatment, three methods were used. In children, the bandage of Velpeau was found sufficient. A moderate pad was put in the axilla, and the arm drawn back and bandaged to the side, with the hand carried up toward the sound shoulder. Starch or glue was often applied to this bandage.

In adults, treated as out-door patients, Fox's apparatus was used, and frequently re-adjusted.

Adult in-patients were kept in bed on the back, where practicable, for two or three weeks. No apparatus was used, except a sling confining the arm, and a narrow pillow between the shoulders. In this position the fragments sink perfectly into place, and in these patients by far the best results were obtained. In girls and adult females such a mode of treatment should be insisted on, if they desire a perfect outline.

There were *three* undoubted fractures of the *body of the scapula*; none of the *neck* of the scapula, that could be verified.

The fracture of the body of the scapula is extremely rare. Hamilton has seen only two cases. Four cases occurred in 2358 fractures at the Hotel-Dieu, and eight among 1901 fractures in the Middlesex Hospital.

It must be the result of direct violence, and it was so in all our three cases cited. Heavy derricks or timber fell, striking the shoulder from behind. The infra-spinous portion was usually broken; sometimes the spine. This corresponds with the statements of authors.

In fracture below the spine, the anterior fragment is pulled towards the axilla by the teres muscles and scapular head of the triceps, while the posterior fragment is drawn upwards and backwards by the rhomboid muscles.

It is difficult to keep the fragments from tilting. Nélaton and Malgaigne confess that they have never kept them perfectly in place. Our cases were treated by adhesive strips over the injury, and bandaging the arm and hand to the body. They all resulted in good prospective use of the arm.

Case XXIX.—To cite briefly one case. The fracture ran obliquely across the infra-spinous fossa, beginning at the axillary border of the bone, just below the glenoid cavity, and passing downwards and backwards to the posterior border and lower angle. There were mobility and crepitus, and a little displacement. Great inability to move the shoulder and arm. Treatment was by broad adhesive straps, fixing the scapula and fastening the arm to the side—the patient being kept on his back. In ten days an effusion of callus could be felt, forming an oblique ridge across the infra-spinous fossa, as evident as the spine itself. In three weeks union was good.

In the treatment of fractures of the arm, fore-arm and hand, *one hundred and forty-eight* in number, splints were more frequently improvised for the occasion than reliance placed upon those ready made. To this statement the exception should be made of the use of shoulder-cap splints for the fractures around the shoulder-joint, and of the internal angular splint for the elbow. Of the former, the sized felt, cap-splints of Ahl were employed; and for the latter, the adjustable angular splints of Goodwin.

Experience and common sense seem to us to fully endorse the statement of Hamilton, that ready-made splints, carved with fenestræ, and ridges and hollows all prepared for uniform processes of bones, more often misfit than fit the broken arm; and that they are the rude appliances of the mechanic rather than the surgeon. So many circumstances of individual peculiarities, of the nature of the injury, or the amount of contusion and swelling, are to be taken into account in every case of fracture, that we can no more expect ready-made splints to fit every broken limb, than we can expect ready-made shoes to fit every foot. And we believe more harm to have resulted from the rigid application of harsh apparatus, than from leaving fractures more to time, rest and soothing applications.

The material we have found most useful is bass-wood, or white-wood, sawed into convenient lengths and widths, and planed to a thickness of from three-sixteenths to one-fourth of an inch.

Sheet tin, or tinned iron, as heavy as can be bought, was also largely used for splints, and proved most serviceable in compound fractures and excisions. Applied to the bare skin, without padding of any kind, it was the least irritating, the coolest and the cleanest splint employed. It has the advantage also of being easily moulded or cut into any shape desired.

In the fractures of children, heavy binders' board was largely used. And in fractures around the elbow joint in young persons, angular splints were moulded from gutta-percha. The only objection to its hospital use is its cost.

The splints called Crimean were very comfortable for splints of cöaptation, to be applied to restrain muscular action in fracture of the thigh, for instance. Made of separate narrow wooden splints, quilted into cotton cloth, they fit well, and can be easily washed.

It has been very much the practice in this hospital to treat fractures of the upper extremity with very little bandaging, but to leave them exposed as far as possible. The splints were held in place by three or four strips of plaster, and no roller applied. Thus the amount of swelling, the lines of the limb, &c., could be always seen, and any defects remedied early. For this use, also, the strap and buckle, made of woolen, or elastic webbing, two inches broad, has been extremely popular. It holds on more uniformly than plaster or bandage, and can be quickly loosened or tightened.

Of course it is essential, in patients treated outside the Hospital, that due caution should be insisted on lest they loosen their apparatus too frequently themselves; and in out-patients it is more prudent to sometimes put on the roller, and even to fasten it with starch or glue.

Colles's fracture of the radius, of which there were *forty-six* cases, was treated rarely by Nélaton's pistol-splint, frequently by the straight splint; but the majority, by Bond's splint. The pistol-splint has been the least satisfactory with us. The straight double splint has given many good results. Bond's splint seems to be the most comfortable; and to be reliable, if the patient can be seen often. This splint was always made extempore, for the case in hand. The shape of the fore-arm and hand, the latter abducted, is marked out on a strip of bass-wood, and then cut accordingly—sides about half an inch high, of tin, are tacked on. A piece of turned wood, or a cotton roller, is fastened at the distal end, for the metacarpus to rest over. The splint is then padded to suit the case. The fractured limb is laid in it, and confined by straps, or bandage. The thumb and fingers are left free, and the fore-arm placed in a sling. When well applied this was an extremely comfortable apparatus.

It is, of course, well understood that the result in this fracture depends very considerably on the nature and amount of injury. Some cases turn out well, and some badly, in any apparatus. The fracture may be impacted, and permanently deformed; the amount of subsequent effusion among the flexor tendons may be large and permanent; or rheumatism may set in, in elderly patients, all of which influences may give a bad result.

Passive motion should be gently used, pretty early in the case according to our experience.

Case XXX.—Before leaving the upper extremity it is proper to mention that one fracture was thought to be the very rare one of the *coronoid process of the ulna*. The patient, a boy of 9 years, came in with a dislocation of both bones of the fore-arm backwards. The joint fell out of place as often as it was put in. No fracture of the lower end of the humerus, condyles or olecranon could be made out. And as a proof that something more than ordinary dislocation backwards had occurred, the arm, placed on an angular splint, became anchylosed (false anchylosis); did not regain its power of motion when it was moved (and it was moved early), and required the usual treatment of several weeks of passive motion to restore its functions. We mention this case with diffidence, well knowing that the existence of this fracture is disputed; and having suspected it in another case, where early mobility of the joint proved that we were mistaken.

Case XXXI.—There was one case of *Fracture of the Sternum*. The patient, while fresco painting a church ceiling, fell to the floor, a distance of 40 feet, striking on the backs of the pews, and being also bruised by having the planks of the staging fall on him. He sustained a fracture of the 5th and 6th ribs, at their middle. He also had a fracture of the sternum, displacing the manubrium from the body of the bone. The upper end of the lower fragment projected upwards. He had great pain in deglutition as well as in inspiration. There was a good deal of constitutional shock the first twelve hours. He rallied, under the use of stimulants and opiates. A broad, tight bandage was applied around the chest, which gave much relief.

In three days he was able to sit up. In one week he was discharged, at his own request, relieved. There was neither pleurisy nor pericarditis.

Cases XXXII–III.—Two *Fractures of the Spine* have been fully reported before:* we will only allude to them now. Both occurred near the junction of the cervical and dorsal vertebræ. Both occurred from considerable falls on the back and occiput. In each there was complete paralysis below the nipples. The respiration was purely diaphragmatic. There was priapism and retention. The mind clear. The pulse, in the first case, sank to 44, full and soft. The respiration was obstructed by meteorism of the bowels. The breathing became more and more shallow, until he died, 50 hours after the accident.

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* Boston Medical and Surgical Journal, January 31, 1867.

The second case was trephined over the injury. Segments of the arches of four vertebræ were removed. The respiration became thoracic. The intercostals in good action. He survived until the following day, when he had emphysema and obscure respiration, with a tympanitic percussion, a pulse of 160, short, catching breathing, and death. We think the latter immediately due to fracture of ribs and pneumothorax. There was no autopsy.

There were nine *Fractures of the Pelvis.* Of these, five were fractures of the crest of the ilium, or of the anterior superior spine. In three cases the patients fell from a height, striking on the side of the pelvis. In two, they were caught between cars, or timbers. All of these cases recovered perfectly in from two to four weeks. In none was there any injury of the viscera. Treatment consisted of rest in bed, and sometimes a broad bandage, but not always.

One patient was thrown backwards from a horse, and sustained a fracture, or partial dislocation of the sacro-iliac synchondrosis. There was deformity, and inability to stand. No paralysis. He was treated with the pelvic bandage. He recovered so as to move about in three weeks, but with a little shortening of the leg of the injured side.

One case, fully narrated in the Boston Medical and Surgical Journal for May 3, 1866, was a fracture through the os innominatum, caused by falling four stories. The fracture started from the crest of the ilium and ran downwards, and was met, at the acetabulum, by a fracture of the ramus of the ischium and pubes, running upwards. The whole fractured piece of the os innominatum was movable on the rest of the pelvis. There was no complication with the viscera. Recovery took place in five months, with shortening of the affected limb, and sciatica.

The remaining two cases were both complicated with rupture of the urethra, or bladder, and terminated fatally. They are worthy of brief recital.

Case XXXIV.—A boy of 11 years got caught between the bunters of two railroad cars, and his pelvis crushed. He was not brought to the hospital until twenty-four hours afterwards. He was quite conscious, and seemed to be suffering mainly from retention of urine. There were contusions on each hip. The lower part of the abdomen was tense and dull on percussion. No urine passed since accident. Pulse 140. Ineffectual attempts were made to pass a catheter. Under ether, the catheter could be passed as far as the prostatic portion, where a false cavity seemed to exist. With the finger in the rectum, the catheter could be felt with such a thin septum intervening, and moved about so freely, that great laceration of the urethra was evident. No prostate could be felt. A fracture of the pubes was made out, to the left of the symphysis. A dissection was made down into the perinæum, by Dr. Cheever, until urine flowed freely. The bladder being thus collapsed, and the membranous and prostatic parts so torn, no catheter could be got into the bladder. He was left to drain through the perinæum.

The following day it was found that urine had ceased to flow by the perinæum, and the bladder was again distended. Constant vomiting and great prostration. The bladder was now opened over the pubes, with a curved trocar. Urine flowed freely, and an elastic catheter was introduced to act as a syphon. The patient sank and died the same afternoon.

The autopsy revealed a separation of the symphysis pubis; a fracture a little to the left of the symphysis; and two symmetrical fractures of the rami of the ischium just in front of the tuberosities. The bladder was empty. The neck of the bladder and prostate entirely torn across.

Case XXXV.—A strong man had the pelvis caught between a schooner and a tug boat. The pulse was rapid, quick and feeble; the skin cool and moist; aspect collapsed. Severe pain across the pelvis, increased by any motion of the body, or of either leg. Some relief was given by strapping the knees together. Brandy and morphia were given.

He was etherized, and a separation of the symphysis pubis, with mobility and fracture of the left os innominatum was clearly made out. A catheter could be passed down to the membranous urethra without difficulty; then it seemed to push into a free cavity, but no urine could be obtained. Warm water was injected, and returned bloody. The patient was in such a collapse that further attempts were desisted from. Complains of intense, burning pain in abdomen, which is tense and tympanitic. Respiration entirely costal. He gradually became pulseless; the body cold, but the abdomen hot, and died seven hours after the injury. No autopsy could be obtained. Whether death was due to rupture of the bladder and extravasation into the peritonæum and shock, only, or whether there was rupture of any other viscus, or a bloodvessel, also, we cannot now decide. We may fairly consider the question, whether in another so desperate case it would not be proper to cut over the pubes and search for the bladder there, if we failed to give relief through the perinæum.*

Of the series of nine pelvic fractures, only one third were serious, and but two died.

[To be continued.]

M. Boisson has introduced a method of treating superficial wounds by a jet of air from the common bellows, immediately forming a dried film over the exposed flesh, beneath which healing is greatly facilitated and other obvious advantages secured. Burns which have removed the skin may be treated in this way.

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* See case by Dr. Wm. J. Walker, in his treatise on compound and complicated fractures; also several reported in Eve's Surgical Cases.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 2, 1868.

OPERATION FOR REMOVAL OF THE SPLEEN.

We translate and slightly abridge from the *Union Médicale* an account of an Operation for Removal of the Spleen, with Recovery; by Dr. Péan.

M'lle Adéle Cercily, inmate of the Orphan Asylum of Saint-Mandé, aged 20 years, of quite a robust constitution, but of lymphatic temperament, had enjoyed satisfactory health until two years ago, when there appeared an enlargement at the hypogastric region, accompanied by severe pains in that part. These symptoms increased gradually; but, two months before the operation, her sufferings had become so violent as to wring cries of anguish from the patient, whom they had thrown into a state of profound sadness and despondency. These pains, which were not, however, clearly intermittent, had their seat chiefly in the right iliac fossa, and had resisted all remedies.

The patient consulted me toward the 20th of August, her sufferings then being so insupportable that she was not disposed to shrink from any measures for their relief. At that epoch there was a state of profound general debility, great anæmia, digestive functions exceedingly disturbed, dysmenorrhœa, respiration somewhat impeded. The patient was subject to febrile attacks, tormented by general neuralgic pains, and in an exhausted condition produced principally by pain and distress. No œdema—some *embonpoint* still remaining. The abdomen, the development of which was but slightly pronounced in the hypochondria and the lumbar region, presented a considerable prominence at the middle of the hypogastrium. This prominence, which had upon its surface a few large protuberances, was, in other respects, analogous by its position, its extent, and its form, to that determined by the gravid uterus in the latter weeks of gestation. The abdominal circumference measured one (1) metre and ten (10) centimetres. Palpation was painful at certain spots. The tumor varied in firmness at different points. Fluctuation was quite apparent at the median line, and on the right side. At the summit of certain protuberances, particularly on the left side, the consistence was more firm—solid—and resembled that of fibroma. Upon percussion, there was absolute dulness over the whole surface of the tumor, with a perception of a very decided undulation in a great portion of its extent. Resonance was evident over the whole of it; also at the epigastrium, and the hypogastrium, and especially in the lumbar region. The tumor was clearly defined throughout its entire periphery, and particularly in its superior contour. It was completely immovable. Tactile examination showed the hymen entire. The uterus was in its normal condition; and appeared to be encased in the substance of the tumor which held it fixed, while bulging, at its anterior and posterior facets, so as to depress the vaginal walls. The finger very clearly felt the presence of liquid, and, upon pressure and percussion being practised upon the hypogastrium, communicated a sensation of undulation. The greater solidity of the tumor low down on the left side, led to the supposition that it sprung from the left ovary; and the pain caused on that side by the vaginal examination produced apprehension of numerous adhesions.

The 6th of September, at the convent of the *Sœurs Augustins*, I performed the operation, assisted by Drs. Ordoñez, G. Désarènes, Gaudin, Morpain, Cossé, and M. Magdelain, *interne* of my service. The patient was rebellious to the influence of the chloroform, which, at different times in the course of the operation, produced attacks of vomiting, which were a source of serious difficulty. An incision was made at the median line from the umbilicus to the pubis. The abdominal wall, which was quite thick, was divided in successive layers. Four ligatures were required. The peritoneum was incised upon a director, no liquid flowing from its cavity. The borders of the incision having been separated, the anterior surface of the tumor appeared closely applied to the abdominal wall, and covered, throughout its whole extent, by the omentum, which it was impossible to withdraw on account of its adhesions, and through which I decided to make a puncture by means of a large trocar. The puncture gave issue to three *litres* of a thick, viscous, brownish yellow liquid. [*Litre*=1.760 pint.] The tumor being diminished in size, I could now introduce the hand into the peritoneal cavity. Carrying down the hand, I was able to detach the omentum from the pelvis and the tumor (to both of which it adhered) by means of some traction, causing an effusion of blood only, which was arrested without ligatures. In vain I sought, then, on the side of the ovary, to discover the situation of the pedicle, or of the base of implantation of the cyst, which, freed from the omentum that had covered it, presented an aspect analogous to that of the uterine tissue; and I ascertained not only that there was no pedicle, but also that the tumor, in its lower portion, was completely independent of the organs contained in the pelvic cavity. Being aware that cysts, perfectly analogous to those which arise from the ovary, may be developed in the mesentery, or even in the renal parenchyma, I turned my attention in that direction, but with a completely negative result.

The impossibility of drawing out the tumor in order to carry forward the exploration of it, rendered necessary the enlargement of the incision, which I therefore prolonged on the left side, four fingers' breadth above the umbilicus. I was then able to bring into the upper angle of the incision, the portion of the cyst constituting the cavity evacuated by the puncture. It still contained liquid. In order to empty it completely, and to facilitate its extraction, the thinnest part of the wall of this cavity was excised, and the remainder drawn forth. We were then struck with the aspect of this cyst, its extraordinary color, and the nature of the tissue of which its walls consisted, especially in points where they were of great thickness. But, soon, all doubt was dispelled. The search for the seat of implantation of the cyst, the exploration, which conducted the hand to the diaphragmatic excavation of the left hypochondrium, and which allowed it to pass around the fleshy mass which constituted the upper part of the tumor—all proved that this was the spleen with which we had to deal, and that the cyst placed in front and below was developed in its hypertrophied substance, in the mass of which it was merged to a considerable extent. [The cyst was found to be unilocular, and the protuberances to be owing to the varying thickness of its walls.] The surface of the tumor was ploughed by vessels, and divided behind by a voluminous venous trunk from 1 centimetre to 1½ in diameter.

In spite of the extent given to the incision, immediate extraction of the tumor entire was rendered impossible by its situation, and the question came up of its removal in several portions. Considering the arrangement of the arterial system of the spleen, which divides it into departments independent of each other, we proceeded to the ligature of the different branches of the splenic artery, in such a manner as to circumscribe and isolate the portion of the spleen which bore the cyst. The vein, voluminous and extended over the posterior surface of the organ, having been tied as near as possible to its origin in the splenic vein, the inferior portion of the tumor was resected; and the section gave rise, as we hoped, to no hæmorrhage.

[The superior portion of the tumor, consisting of about a third of the entire mass of the hypertrophied spleen, had now become accessible, and it being considered out of the question to preserve it, by compression in a clamp, the extraction of this last portion was conducted as follows.] Four metallic ligatures were placed upon the gastro-splenic mesentery, as near as possible to the spleen, in the narrow space which separated the latter from the pancreas and stomach. In all probability, these ligatures would embrace all the vessels, and preclude every risk of hæmorrhage. Yet, in order to shelter ourselves still more from this immediate danger, of which there was room to fear the gravity, we proceeded to the extirpation of the remaining portions, by their destruction piecemeal; resorting to cauterization with the hot iron, after having constricted them with a clamp specially contrived for the production of linear sloughs by the strangulation of the tissues. These successive cauterizations attained the highest limits of the splenic parenchyma which was below the ligatures, to the extent that they reached the last remaining portions, and that there remained no vestige of the tissue of the spleen. The four metallic ligatures were then cut close, and left in the cavity of the abdomen.

The patient had not lost during the operation 100 *grammes* of blood [1 gramme=15·444 grains, troy]. During the evacuation of the cyst, no portion of its contained liquid had flowed into the abdomen. Nevertheless, I neglected none of the precautions I take under such circumstances, and after having cleaned off the intestines, I several times sponged out the peritoneal cavity. I then closed the wound, and for the sake of complete occlusion, I placed nine metallic ligatures in the abdominal walls, at a sufficient distance from the lips of the incision, and including the parietal peritoneum; also, five twisted sutures between these ligatures, at points where the lips of the wound remained separated.

The operation, thus terminated, had lasted a little more than two hours. It was accomplished without notable loss of blood, besides that held in quite large quantity by the tissue of the tumor itself. During the entire duration of the operation, the patient was kept in a state of perfect insensibility, which it took half an hour to arouse her from.

During the remainder of the day and the night which followed the operation, there was no fever. The pulse was at 80, the respiration having become free. The patient had some vomiting, produced by the chloroform, but complained only of *malaise*. She took cold broth, and a few stimulating draughts. The next day the vomiting returned on two occasions, and provoked slight pain in the left hypochondrium. Nevertheless, the abdomen remained insensible to pressure, and gave no appearance of meteorism. The pulse was at 90—otherwise normal.

The third day, the vomiting had ceased, and the patient was cheerful. The improvement was so great that she could sit up in bed, and turn herself without feeling the least pain. The abdomen was supple, and not painful on pressure. The borders of the wound were everywhere in contact, and the needles at the points of twisted suture were withdrawn. Broth and soup. The fifth day, the wires were removed and replaced by a dry suture *collodionnée.* At this time, the general condition of the patient was as satisfactory as if she had not undergone an operation. There was neither fever nor pain; and the digestive functions were so well performed that she was allowed solid food. After the eighth day she was able to leave her bed, and recline in an easy chair without harm. The cicatrization of the wound was solid and complete throughout its entire extent. At this date, the menses, which, till then, had been sufficiently regular, though scanty, and which at their last epoch ceased three days before the operation, appeared in great quantity; the flow being of a much deeper hue than natural, lasting three days, and being attended with a few slight pains only in the left side of the hypogastrium. An anticipated appearance of menstruation often happens after ovariotomy. As for myself, I have often noted it, and have always found it to occur under such conditions that I consider it one of the most favorable of symptoms. On the tenth day, it was impossible to prevent the patient from going out of doors. She was taken down stairs, and ascended, alone, the two flights that led to her chamber, after having staid a few moments seated in the garden, a hundred metres off from the building. She was going on as well as possible.

[The next day, while in the front yard of the convent, M'lle C. was frightened by a runaway horse, fainted, and then had an attack of feverishness, attended with delirium and various other nervous phenomena.] After the fifteenth day [from the fright], the patient, who had been obliged to keep her bed again, was able to leave it, and also to return to the use of solid food. She was allowed to go out; and from that time descended regularly into the court-yards and gardens, where she passed the greater part of each day. During this time the general condition left nothing to be desired, as was acknowledged by several distinguished physicians who were kind enough to visit her, among whom may be specified MM. Belin, Blanchard, Galligo (of Florence), Kœberlé (of Strasbourg), and my illustrious and venerated master—M. Nélaton—to whose wise teachings I owe the success I have obtained in ovariotomy. To omit nothing, however, some occurrences which took place during convalescence should be mentioned. Thus, during the third and fourth weeks, in conjunction with certain orbital pains, followed by epistaxis, the stomach was affected by violent neuralgic pains, which disappeared immediately after the employment of quinine. Further, the menses not having returned on the fifth week, were replaced by quite severe uterine pains, which were promptly quieted by opiate enemata. Finally, during the sixth week, an adhesive phlebitis of the internal saphenous vein set in, accompanied by œdema, which soon became painless, on the employment of a few topical applications. The convalescence was not, however, at all impeded by these symptoms, which left no manifest trouble in their wake. Menstruation returned for the second time seventy-five days after the operation. The respiration was perfectly free, the subject of the operation alleging that she could quicken her steps in walking without inconvenience, which she could not do before. Finally, at the appearance of the girl before the Academy of Medicine, M. Barth auscultated the jugulars, and discovered no *bruit de souffle*—a sound rarely not heard in girls of her age living in Paris.

Examination of the Tumor.— * * * Its tissue was found by Dr. Ordoñez to show, under the microscope, 1st, a great number of unchanged blood-globules; 2d, a great quantity of Malpighian bodies hypertrophied to such a degree that it was easy to isolate them by means of a magnifying glass; 3d, at points where the substance was thinnest, these elements were seen to disappear progressively, and give place to a very close network of fibrous tissue, which, in places, constituted, by itself alone, the wall of the cyst. This wall was traversed, on the exterior, by a great number of bloodvessels of all dimensions. The inside of the cavity was smooth, and studded, at certain points, with very hard patches of carbonates and phosphates of lime and magnesia. The contained liquid did not vary much from that met with in certain ovarian cysts. It was thick, yellowish-brown, and contained a very considerable proportion of albumen, of *leucocythes*, of crystals of cholesterine, of blood-globules in different degrees of alteration, and, finally, of a few calcareous granules.

[M. Magdelain, *interne* in the service of Dr. Péan, has collected nine cases of splenotomy—partial or complete—done for traumatic cause, all of which were followed by recovery.

In the cases where splenotomy has been performed on account of disease of the organ, the results have been much less favorable. The patient of Dr. Quittenbaum died six hours after the operation; that of Dr. Küchler, at the end of two hours; that of M. S. Wells, in six days; that of M. Kœberlé a few moments after being operated on. The patient of Tacarelli and Fioraventi was well in twenty-four days. Dr. Péan's patient was in excellent condition three days after the operation.]

"P. G.," in the *Union Médicale*, mentions that the English medical journals—*The Lancet*, *The Medical Times*, and others—emulate each other in repeating, that the Minister of Public Instruction of France has made most brilliant offers to Professor Von Graefe, of Berlin, to induce him to accept the chair of ophthalmology in the Faculty of Medicine at Paris, but that the proposal has been respectfully declined by the celebrated German oculist. "This news, which we see announced," says the correspondent, "in none of the French journals the most interested in making it known to their readers, we reproduce with every reservation."

We have received from a subscriber a letter objecting to our giving up space in this Journal, to complimentary resolutions, which is expected to be occupied with purely medical matter. We ourselves entertain the question whether the appropriate place for such resolutions be not the advertising department.

Another medical friend is prompted by a recent occurrence to ask what right has a coroner, on viewing the body of a man said to have died suddenly, to pronounce, without an autopsy, that the deceased came to his death from disease of the heart.

Reclamation.—"It seems that Dr. Catling, of Massachusetts, claims this as *his* operation [the removal of the flesh at the side of the toe as the best means of relieving ingrowing toe-nail]. It is not such an one as would call forth much wrangling as to its originator."—*Pacific Medical and Surgical Journal*, in *Philadelphia Medical and Surgical Reporter.*

Some one said that military glory consisted in being killed on the field of battle and then having the name spelt wrong in the newspapers. An incidental allusion to a small operation, practised and advocated for more than twenty-five years, does not, it seems, save one from similar professional glory. "It's no consequence." C.

Messrs. Editors,—In treating "mania à potu" with capsicum, as recommended by Dr. R. Lyons, Richmond Hospital, Dublin, we find many refusing to take a second dose; others take it with great reluctance, while others, less sensitive, take it, but require large quantity of fluids to remove the burning sensation produced in the pharynx, which is very apt to bring on nausea, and in some cases even vomiting.

To remove this difficulty, we have suggested mixing capsicum with glycerine, enclosed with gelatine, and given as ordinary capsules. Yours,

Boston, December, 1867. W. F. G.

Samuel G. Armor, M.D., late of the Medical Department of the University of Michigan, has been appointed to the chair of Principles and Practice of Medicine in the Long Island College Hospital, at Brooklyn, N. Y., Prof. Flint having resigned the position in order to pay more especial attention to Clinical Medicine.

Corydon L. Ford, M.D., late of Michigan, also has been appointed to and has accepted the chair of Anatomy, &c., in the same College.

A new Dental College has been established at New Orleans, and the first course of lectures was begun in November.

The Physician's Hand-book, by Dr. Elmer, of New York, revised and improved, for 1868, it will be seen by our advertising pages, is on sale at this office.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, December 28th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	56	57	113
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.4	43.5	85.9
Average corrected to increased population - - - - -	00	00	95.5
Deaths of persons above 90 - - - - - - - -	0	0	0

Erratum.—In the description of Dr. Squire's improved instruments for stricture, page 404, line 16 from bottom, for "tried," read *tied.*

Died,—In Norwich, Conn., Dec. 22d, Dr. Erastus Osgood, in his 88th year.—At Columbia Cross Roads, Pa., on the 22d of December, of creeping paralysis, Nathaniel Smith, M.D., formerly of Bennington, Vt., aged 70 years.

Deaths in Boston for the week ending Saturday noon, Dec. 28th, 113. Males, 56—Females, 57. Accident, 5—anæmia, 1—apoplexy, 2—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—cancer, 3—consumption, 20—convulsions, 3—croup, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 3—dysentery, 1—erysipelas, 2—scarlet fever, 18—typhoid fever, 1—disease of the heart, 4—infantile disease, 1—inflammation, 1—intemperance, 2—disease of the kidneys, 1—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 3—measles, 3—old age, 2—premature birth, 2—puerperal disease, 1—rheumatism, 1—scrofula, 1—disease of the spine, 1—teething, 1—tumor, 1—unknown, 7—whooping cough, 2.

Under 5 years of age, 50—between 5 and 20 years, 14—between 20 and 40 years, 18—between 40 and 60 years, 17—above 60 years, 14. Born in the United States, 83—Ireland, 23—other places, 7.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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SINGULAR RESULT OF ABDOMINAL SECTION.

By WILLIAM WARREN GREENE, M.D., Professor of Surgery in the Medical School of Maine and in the University of Michigan.

[Communicated for the Boston Medical and Surgical Journal.]

IN the summer of 1866, I was called to see Mrs. ——, aged 30, the mother of several children, who had been suffering for a year or more from a fibroid uterus. It was impossible to say how long the disease had existed, but she called her physician, Dr. Samuel Camp, in the previous winter, who made the diagnosis of intra-mural fibrous tumors, which was verified by an examination at the time of my first visit. She had experienced more or less irregularity of the menses, and had several times flooded considerably, but the chief element in her case was severe pain—constant—and, in its paroxysms, excruciating through the pelvis, which latterly was hardly mitigated by any of the various remedies that had been tried. And, apparently from this alone, she had gradually become reduced almost to a skeleton, and to a condition of complete prostration. I say this was apparently the only cause, for, upon the most careful examination, no other disease could be found, and there had not been sufficient hæmorrhage to reduce her to any great extent.

The pain was evidently due to intra-pelvic pressure, for the mass completely filled the cavity, and although it extended above the pubes so as to be distinctly felt, yet it could not be lifted out of the cavity at all. In fact, it was doubtful if either by the sound or the finger the entire mass was moved in the least.

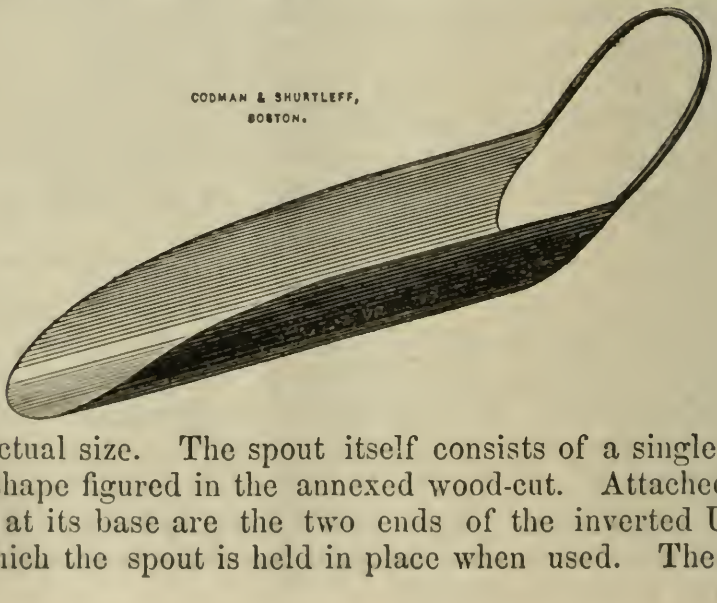
The woman was very anxious to have "an operation" of some kind, "anything to cure the pain." Upon explaining to her the probable cause of the pain, and that no relief could be obtained by operation unless by opening the abdomen, and warning her of all the dangers connected therewith, and also of the probable impracticability of excising the uterus on account of the adhesions, even if so hazardous an operation was attempted, she was for the time being satisfied to postpone the matter indefinitely. Before many days, however, her sufferings were so intense that I was again sent for, and she insisted upon an operation, if there was any *possibility* of removing the diseased mass. After consultation, it was decided, with much reluctance, to make an exploratory incision. Accordingly, she was etherized, and placed upon a table in the ordinary position for ovariotomy. Assisted by Drs. Camp, Paddock and Wilcox, I made an incision through the abdominal walls from the umbilicus to the pubes, and after dividing some bands of organized lymph, the uterus was exposed. As we feared, or I may say expected, the mass was so firmly blended with the pelvic walls that it was impossible to move it, and therefore, after the somewhat free hæmorrhage from the divided adhesions was checked, the external wound was carefully closed by interrupted silver sutures, including the entire thickness of the abdominal walls, except the peritoneum. When sufficiently conscious, she took a full half grain of morphine. Now comes the "singular" part of the case. She went on, under Dr. C.'s care, with very little peritonitis, taking but moderate doses of anodynes. The wound healed throughout by first intention. She was able to sit up in ten days, and from that time went steadily on improving in flesh and strength, *and from the time of the operation*, which was the first of September, 1866, *to the present, has had no return of the pain.* I saw Dr. Camp at Great Barrington about the first of July last, and he assured me that she had been well all the winter and spring, having done all the work for her large family. The size of the uterus was not much changed.

Pittsfield, Mass., Oct. 15*th*, 1867.

EAR-SPOUT.

To the Editors of the Boston Medical and Surgical Journal.

I desire, in a very brief note, to ask the attention of your readers to a simple form of ear-spout, which is here represented about two thirds its actual size. The spout itself consists of a single piece of tin of the shape figured in the annexed wood-cut. Attached to the two angles at its base are the two ends of the inverted U-shaped wire, by which the spout is held in place when used. The spout is



intended to hang upon the ear, with the lobulus resting within its base. If, in a rare case, there should be any leaking, it can be easily and completely obviated by making a little pressure on the wire directly in front of the meatus.

The simple contrivance here proposed answers perfectly as a spout. Being small, it can be carried in the pocket without inconvenience, or, what I like better, placed in the box of an ordinary rubber (bulb) syringe. Being cheap, it is within the reach of a large number of patients who would not care to purchase the more expensive instrument of Mr. Toynbee. A. HOSMER.

Watertown, Mass., January, 1868.

MILK SICKNESS.

By C. H. SMITH, M.D., Kenton, Ohio.

[Communicated for the Boston Medical and Surgical Journal.]

WE have had, for a short time, quite an endemic of this complaint, furnishing about fifty cases, of which seven died. The symptoms are, sudden and extreme prostration, nausea, prolonged vomiting, faintness; the temperature of the extremities and body falling much below the natural standard, and the skin often becoming clammy. Great distress and anxiety are depicted upon the countenance, the patient experiencing an undefined dread. He acquires a peculiar fœtor, or a sweetish odor. The tongue is swollen, and, in fatal cases, becomes black with incrustation. The bowels become obstinately constipated, and a strong pulsation is felt over the whole abdomen, especially marked to the right of the umbilicus. The abdomen is caved in, and has the appearance of being empty. Cephalalgia and tinnitus aurium are common accompaniments. The heart and large arteries beat with violence, whilst the pulse at the wrist remains almost natural. The violent vomiting results in the ejection of a fluid of variable appearance. It is sometimes colorless, sometimes like soapsuds; in other instances, of the color of indigo, and in the last stages of cases that terminate fatally it is dark-brown, with a dark-colored sediment. The disease runs its course in a few days.

The treatment is simple—a cathartic, tonics, quinine, stimulants, blisters over stomach, liquid farinaceous diet. Opium is not to be used in the disease, as cases get worse under its employment.

All cases that occurred here were in American families, there not being one in a German family. Now, the cows of the two classes run on the same ground, and the cattle of both die with the disease; yet I have never known a case to occur among the Germans. The reason is, I think, plain. The Americans use the milk just as it comes from the cow, and the Germans boil what they drink.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D., one of the Visiting Surgeons.]

Synopsis of five hundred Fractures treated at the Boston City Hospital, in three years—from June, 1864, *to June,* 1867.

[Concluded from page 462.]

SEVENTY-FIVE *Fractures of the Femur* are enough to furnish some basis for a comparison of results.

To speak, first, of simple and uncomplicated fractures, they occurred at all ages and in all parts of the femur. Treatment, with very few exceptions, soon settled down into the following uniform course. The apparatus to be described is a modified combination of the methods of Buck and Liston.

First—*Extension* was made by strips of adhesive plaster carried above the knee, up to the seat of fracture, and down below the foot, on each side. They were retained by spiral turns of plaster and by bandaging. The lower ends were attached to a cord, passing over a pulley, and suspending a weight of from five to fifteen pounds, according to the age of the patient, or his muscular power.

Second—*Counter-extension* was made solely by raising the foot of the bed four inches.

Third—*Rotation* was *prevented* by a long, outside splint, extending from above the pelvis, below the foot. This was lightly bandaged on from the ankle to the groin, and ended in a few turns of the single spica, around the trunk. Sand bags were sometimes added.

Fourth—*Splints of Coäptation* were applied around the muscles of the thigh, next the skin, and secured by broad straps and buckles. The advantages of this method are steady, persistent extension, and freedom of the perinæum from any counter-extension; comfort and ease to the patient; no sloughs, and good average results.

Shortening rarely exceeded three-fourths of an inch; often it was much less. No adult escaped without some shortening; many of the children had, however, no perceptible difference between the two legs. In none of the simple fractures were there any sores, or sloughs from the apparatus.

Non-union, originating in the hospital, occurred only *once* in the five hundred fractures. The double-inclined plane was used for some fractures near the hip. The double-inclined plane, combined with extension by weight in the axis of the femur, the pulley being at a height of five or six feet from the floor, according to the plan of Prof. Nathan Smith, was used in one case. The anterior splint of Dr. Nathan R. Smith was used in a few instances.

It was not perceived that either of these modes, in simple fractures of the femur, was more beneficial than that first described.

Intra-capsular fracture in old perons was treated by the fracture-bed, and, in some cases, by the long splint and weight, temporarily, to relieve pain. No apparatus was applied for a long time, and the patient was got up on crutches as soon as practicable. One case, in a person younger than middle age, was thought to be wholly intra-capsular and not impacted, and recovered with firm, bony union.

The majority of the cases of compound fracture of the femur were the result of such great violence, and accompanied with so much laceration of the soft parts, that amputation was the only resort.

Cases suitable for conservative efforts did well on the fracture-bed of Dr. Crosby; and on some heavy, iron substitutes for it, contrived and modified by Mr. Cutler, the Superintendent. The great advantage of these last was, their complete immobility and their durability.

There were three cases of simple fracture of *both* femurs. One, adult, was treated in Gibson's apparatus, which consists of two crutches from the axilla to beyond the heels, and a foot-piece, by which extension can be applied to both legs. Two, in children, were treated by double, plaster extension of the two legs, terminating in one pulley, and heavy weight; and sand-bags to check rotation.

All three cases did well.

There were three fractures of the *patella*. All were treated in the straight position, with the heel raised eight to ten inches. All did well; one, *transverse*, had *bony* union.

There were *one hundred and seven* fractures of the *tibia* and *fibula*. The majority were simple, though many threatened to become compound. Pott's fracture, with dislocation of the ankle, was pretty common.

The fracture-box was used more than any other apparatus, especially in the earlier treatment; simple fractures were soon got into an immovable bandage. Certain fractures of the tibia, threatening to become compound, were successfully treated by flexing the leg, and laying it on its side, in Mr. Pott's position, with a carved splint to steady it. After several weeks the straight, starched bandage was applied. Certain others were suspended in Dr. N. R. Smith's apparatus, with good results; and where there was simply an oblique fracture of the tibia pressing against the skin, it was remedied by raising the heel. The compound fracture of the leg depended for good or bad results on the habits and the age of the patient.

During the last six months the glue bandage of Mr. De Morgan has been largely substituted for starch. It is made of ordinary boiled glue, to which one-fifth part of alcohol is added. Its advantages are facility of application with a brush; quicker drying, greater solidity, and firmer union of the folds of bandage after being slit open, than the starched bandage of Seutin.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

Oct. 28th.—*Capillary Bronchitis; Convalescence; Intercurrent Pneumonia; Recovery.*—Dr. Morland reported the following case of capillary bronchitis, which had been under his care in the City Hospital.

Lizzie T., 20 years old, an Irish servant, not long in this country, entered the hospital July 6th, 1867. For several days previous to entrance, there had been general *malaise*, attributed to "catching cold." On July 5th, dyspnœa, nausea, and vomiting of bloody fluid, compelled her to seek medical advice. She said she "had pains all over."

Condition on Entrance.—When first visited, she was in bed; decubitus dorsal; face congested and mottled; lips rather livid; great restlessness. Respirations 32 in the minute, difficult. Violent attacks of cough remarked; sputa thick and purulent. Pulse 112, full and bounding. Tongue covered with a light white coat; appetite feeble; thirst considerable. One dejection yesterday.

Physical Examination.—Figure extremely robust; chest finely formed and full. Natural resonance over both chests, anteriorly and posteriorly. In right chest, numerous sonorous and sibilant râles; in left chest, from inferior angle of scapula downwards, sub-crepitant râles are heard.

Milk and beef-tea were directed for diet; a jacket-poultice applied, and ten grains of Dover's powder given.

July 7th.—Pulse 140; restlessness and other phenomena much the same. Two ounces of sherry wine, and, for the cough, a mixture of syrup of senega ʒi. and of paregoric five drops; this amount every three hours.

8th.—Mucous râles in left chest somewhat coarser; sub-crepitant râle in right chest, posteriorly, at inferior angle of scapula. Pulse 120; respiration somewhat easier. Increased the amount of sherry to eight ounces; omitted senega and paregoric. Patient to take two grains of the muriate of ammonia, in water, every two hours.

12th.—Pulse 116; considerable cough, with quite copious and *fœtid* purulent expectoration.

13th.—Pulse 120; tongue cleaning; extra diet; patient cheerful and talkative.

16th.—Omitted previous prescription; let her take half a drachm of the fluid extract of cubebs, in syrup and water, four times daily.

17th.—Pulse 116; much the same.

18th.—Nausea and vomiting—attributed to the cubebs; breath fœtid, almost of a gangrenous odor. Sinapism to epigastrium; omitted cubebs; resumed muriate of ammonia as previously given.

24th.—Gave sulphate of quinine, three grains daily, and on the 26th omitted muriate of ammonia; patient doing well and apparently convalescing rapidly.

27th.—After the visit yesterday, the patient, always imprudent and difficult to control, sat at an open window—the door of the room being open directly opposite—and whilst in a profuse perspiration. During the night, she slept but little, and had occasional attacks of vomiting. Now, restless and uneasy.

28th.—Sharp pain in left side; great dyspnœa; bloody expectoration; cheeks and chin florid. Evidently suffering extremely. Applied strong sinapism to left side. Pulse weak and rapid. Omitted sherry, and resumed muriate of ammonia. Also, through the day, gave brandy, to the amount of eight ounces.

29th.—Dulness over inferior half of left lung. Fine crepitation and bronchial respiration. Bloody sputa still continue, intermingled with purulent expectoration. Respirations 48, frequently interrupted by very violent attacks of cough; pulse 120. At evening visit, pulse 144, somewhat undulating.

30th.—Bloody sputa diminishing; large amount of fœtid purulent expectoration; respiration easier; pulse 120.

31st.—Catamenia present; general condition much improved.

On August 1st, 1867, Dr. F. E. Oliver took charge of the patient, and the following record is furnished by Mr. R. H. Fitz, from the above date to that of the patient's discharge:—

August 1st.—		Respirations 36;	Pulse 104;	catamenia ceased.
" 2d.—		" 32;	" 112.	
" 3d.—		" 28;	" 100.	
" 4th.—		" 32;	" 100 at morning visit.	
	Morning (early).—	" 40;	" 120;	Temperature, 102°.
	Evening.—	" 36;	" 124;	" 102°.
" 5th,	Morning.—	" 36;	" 136;	" 102·5°.
	Evening.—	" 40;	" 136;	" 102.5°.
	At physician's visit.—	" 28;	" 116.	
" 6th.—		" 28;	" 100;	no crackling.
" 7th.—		" 34;	" 132.	
" 8th.—		" 28;	" 116;	slept well.
" 10th.—		" 28;	" 104.	
" 15th.—		" 24;	" 100.	
" 16th.—		" 32;	" 100;	flatness on percussion over left back. Sub-mucous rales, bronchophony and bronchial respiration heard on auscultation.

August 20th.—Respirations 20; pulse 72. Reduce allowance of brandy from six to three ounces daily.

28th.—The record reads as follows:—"Ascertained, to-day, that patient has been subject to coughs and other lung troubles (?) for many years. While in Ireland, she had hæmoptysis many times." She showed no traces of faulty conformation, nor did anything in her appearance excite the least suspicion of a predisposition to pulmonary disease, or of constitutional taint. The statement, therefore—made by herself—must be taken with much reservation, especially with respect to the alleged hæmoptysis.

September 4th.—Patient was discharged, well.

Dr. Morland added, that he reported the case for the following reasons:—First, because capillary bronchitis is so rare in the young adult, as compared with pneumonia, &c.;* secondly, on account of the extreme severity of the case itself; and, thirdly, because of the intercurrent pneumonitis, and the recovery of the patient from an apparently desperate condition. When the uniformly serious nature of capillary bronchitis, and the almost constantly unfavorable prognosis are considered, it is not a little remarkable that this patient should not only have recovered from the first attack, but also have been able to endure the pneumonia so immediately supervening. The only other case which the reporter has seen, in an adult, for many years, was in the person of a strong woman, of middle age, who survived only about twelve hours.

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* Dr. Meredith Clymer, in his remarks upon Capillary Bronchitis, in his edition of Dr. Aitken's Science and Practice of Medicine, is inclined somewhat to modify the almost universal testimony upon this point. He says:—"This is a distinct form of bronchitis, always of serious import, and too frequently not recognized, or not distinguished from other pulmonary disorders of less mortal tendency. Most systematic authors seem to regard it as almost proper to the two extremes of life—infancy and old age—and its occurrence in youth or adult age as exceptional, and then only amongst the weakly. The writer's experience leads him to believe that it is more common in adults of both sexes than is generally admitted, and is not limited to those of feeble health or infirm from previous disease, but happens

Bibliographical Notices.

Apontamentos ácerca das Ectocardias a proposito d'uma variadade não descripta a Trochocardia. Lidos na Academia Real Sciencias de Lisboa, pelo Socio effectivo Dr. PEDRO FRANCISCO DA COSTA ALVARENGA, Medico Honorario da camera de Sua Magestade El-Rei D. Luiz I., &c. &c. Lisboa: 1866.

Remarks upon Misplacements of the Heart, embracing an undescribed variety, the Rotated Heart. Read before the Royal Academy of Sciences at Lisbon, by Dr. P. F. daC. ALVARENGA, Resident Fellow, Honorary Physician to the King, &c. &c. Lisbon: 1866. Small 4to. Pp. 76.

A CASE of very unusual misplacement of the heart, that of horizontal twisting of the organ, hitherto undescribed, having come under his notice in the great hospital of S. José, at Lisbon, Prof. Alvarenga takes occasion, in describing it to the Royal Academy, to develope a new classification and nomenclature which shall include all varieties of such anomalies. He next sketches the history of misplacements, treating in succession of their importance, their etiology, diagnosis, prognosis and management, and then brings forward and describes such cases as he has seen, in support of the positions assumed.

Under the general title of Ectocardia (ἐκτὸς, *out of* place, and καρδία, *heart*), our author places all deviations or changes in situation or direction of the heart, and includes the whole in the following table, which will sufficiently explain itself:—

- Ectocardia.
  - Intrathoracica.
    - Lateralis.
      - Dexiocardia.
      - Aristocardia.
      - Trochocardia.
    - Centralis.
      - Mesocardia.
      - Epicardia.
      - Hypocardia.
  - Extrathoracica (cardiocele).
    - Thoracica.
    - Abdominalis.
    - Cervicalis.

The particular variety, a case of which gave origin to his monograph

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in persons of vigorous and sound constitutions." He refers to the death of the late Emperor Nicholas of Russia, by it, "in the full strength of manhood"; and to a fatal case of a clergyman of "large frame and great height," reported by Dr. T. K. Chambers; also to its occurrence, not infrequently, amongst our troops, in the late war, although "seldom diagnosticated."

and occupies a prominent portion of its pages, Prof. Alvarenga terms Trochorizocardia (*Troch*, τροχὸς, rotation; *orizo*, ὁρίζων, horizon; *cardia*, καρδία, heart), i. e., horizontally rotated heart. In this form of ectocardia, the heart lies horizontally upon the centre of the diaphragm, on its posterior face, having its base turned towards the right and the vertex towards the left, and so rotated or twisted on its axis that the anterior of the organ becomes uppermost; the right border and part of the posterior face look forwards; the remainder of this face, directed basewards, rests upon the diaphragm; while the left border of the heart and a small portion of the contiguous faces turn backwards and basewards. (P. 44.)

Full details, with autopsy, of this the author's case, and two somewhat similar cases in a neighboring infirmary, together with cases of other varieties of misplacement witnessed by himself, are given at length, illustrated with sphygmograms, and enhanced with appropriate summaries and references to authorities and writers upon the subject.

In concluding his essay, Prof. Alvarenga recapitulates its chief points in a number of propositions, which we abridge as follows:—

1. The heart is susceptible to many and various misplacements.
2. These misplacements are congenital or accidental; partial or total.
3. They may occur within or exterior to the thoracic cavity.
4. Ectopia, the term generally used, is insufficient, and Ectocardia is proposed as a substitute.
6. To previously described varieties should be added that of trochocardia, or, more correctly, trochorizocardia.

7 and 8 consist of explanations of the new terms proposed.

9. Other misplacements have long been known, but trochorizocardia has not hitherto been described.
10. The study of ectocardias is important. In medical practice, diagnosis, prognosis, and treatment in many patients may be elucidated by the knowledge of the existence and progress of ectocardia, acquired or accidental.
11. The functions of the heart, as well as of other organs, are not disturbed by misplacement merely—a fact already known.
12. To other means of investigating misplacements may now be added the sphygmograph.
13. As shown by the sphygmograph, the pulse is not altered in its principal characteristics during the progress or abatement of the misplacement.
14. The sphygmograph shows that in misplacements the pulse is not disturbed, as in some lesions of the great vessels.
15. When, in the same individual, misplacements assume different phases, the sphygmograph shows a corresponding uniformity in the pulse.

Emanating from an unwearied investigator and learned writer, this work happily fills an important and hitherto vacant niche in medical literature. True, misplacements of the heart have long attracted the attention of the curious, and cases have been reported here and there in the journals, but they have been mostly ignored by systematic writers, or only been slightly alluded to in larger works, so that the subject has never before been so thoroughly discussed as in the treatise before us. It is also the most successful as well as the most recent attempt to reduce to scientific arrangement all known varieties. The nomenclature proposed will undoubtedly meet with general approval; indeed, it has been adopted already, so far as requisite, by a prominent English author in a new edition of his own work.* In short, the *Apontamentos* must be regarded a valuable contribution to science, and worthy the attention of all who may happen to have cases of real or suspected ectocardia under observation. B. E. C.

The Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women. By Wm. H. Byford, A.M., M.D., Professor in the Chicago Medical College, &c. Second Edition, enlarged. Philadelphia: Lindsay & Blakiston. 1867.

The paper and type are all that could be desired. The bulk of the work is upon disorders of menstruation, inflammatory affections of the female genito-urinary apparatus, and displacements, together with deviations of involution, of the uterus. It treats also of stone in the bladder, cancer of the uterus, tumors of the uterus, ovarian tumors—very fully discussed—diseases of the mammæ, puerperal convulsions, phlegmasia dolens, puerperal fever, stomatitis materna.

Of course, one could hardly expect to agree with any author at all points. For instance, we should not unite with Dr. Byford in recommending attempts to introduce a cylinder of nitrate of silver within the body of the womb, since we think it would rarely be made to pass the os internum, and, if it should, would be a dangerous intruder in the upper uterine cavity. But we feel authorized to commend Dr. Byford's book as a valuable guide to the general practitioner. His views, expressed clearly and without verbiage, we regard as generally sound.

Mechanical Therapeutics. A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; embracing Bandaging, Minor Surgery, Orthopraxy and the Treatment of Fractures and Dislocations. By Philip S. Wales, M.D., Surgeon U.S.N. With six hundred and forty-two Illustrations. Philadelphia: Henry C. Lea. 1867.

Almost every practitioner of medicine in this country is called upon to do more or less of surgery, in the way of minor operations at least, and any one who resides at a distance from the hospitals, or whose practice precludes him from frequent or occasional visits to the wards of such institutions, must, in a few years, find himself behind-hand as to the latest improvements in the treatment of, and appliances for, surgical injuries. A recent manual, then, which places us *au courant* with reference to these matters, is a boon not to be lightly set aside. Such a manual the 685 pages included under the above title appear to be. The book seems to be complete in every respect, and is a welcome addition to our shelves. Not its least attraction in our eyes is the abundance of wood-cuts with which it is illustrated, and which are drawn from various sources—from other books, and from models furnished by instrument makers.

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* Malformations of the Human Heart. By T. B. Peacock, M.D., &c. &c. London. 1866. 2d Edition. 8vo. Pp. 202.

Headaches: their Causes and their Cure. By Henry G. Wright, M.D., M.R.C.S.L., L.S.A., &c. &c. From the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. 12mo. Pp. 154.

Those not already acquainted with this little book will get an idea of its mode of treating its subject from the synopsis which we copy from the table of contents:—(A.) Headaches in Childhood and Youth. (B.) Headaches in Adult Life. 1. Dependent on the Circulating System: *a.* Plethoric—occasional, persistent; *b.* Congestive. 2. Dependent on the Digestive Organs: *a.* The headache of Indigestion; *b.* The Sick Headache; *c.* The Bilious Headache—accumulation of bile in the system, exuberant secretion of bile. 3. Dependent on the Nervous System: *a.* The ordinary Nervous Headache; *b.* The Hysteric Headache; *c.* The Headache of extreme exhaustion and debility; *d.* Megrims; *e.* Brow-ague. 4. Rheumatic and Gouty Headaches. 5. Headaches depending on Organic Disease. (C.) Headaches in Old Age.

From the thorough review of the "varieties and symptoms," "causes and treatment" of headaches given in this monograph, it is the fault of the medical reader if he do not get a clear idea of the therapeutics of cephalalgia, and of the lesions of which it is often symptomatic.

We have already spoken of the Address of Dr. O. W. Holmes, entitled "Teaching from the Chair and at the Bedside," and delivered before the Medical Class of Harvard University, in November last. From its forty-five pages of suggestion and brilliancy, we cannot forbear to take the following extracts:—

"Let me give you a picture of the old fashioned way of instruction, by carrying you with me in imagination in the company of worthy Master Giles Firmin as he makes his round of visits among the good folk of Ipswich, followed by his one student, who shall answer to the scriptural name of Luke. It will not be for entertainment merely, but to illustrate the one mode of teaching which can never be superseded, and which, I venture to say, is more important than all the rest put together. The student is a green hand, as you will perceive.

"In the first dwelling they come to, a stout fellow is bellowing with colic.

"'He will die, Master, of a surety, methinks,' says the timid youth in a whisper.

"'Nay, Luke,' the Master answers, ''tis but a dry belly-ache. Didst thou not mark that he stayed his roaring when I did press hard over the lesser bowels? Note that he hath not the pulse of them with fevers, and by what Dorcas telleth me there hath been no long shutting up of the *viæ naturales*. We will steep certain comforting herbs which I will shew thee, and put them in a bag and lay them on his belly. Likewise he shall have my cordial julep, with a portion of this confection which we do call *Theriaca Andromachi*, which hath the juice of poppy in it, and is a great stayer of anguish. This fellow is at his prayers to-day, but I warrant thee he shall be swearing with the best of them to-morrow.'

"They jog along the bridle-path on their horses until they come to another lowly dwelling. They sit awhile with a delicate looking girl in whom the ingenuous youth naturally takes a special interest. The good physician talks cheerfully with her, asks her a few questions. Then to her mother: 'Goodwife, Margaret hath somewhat profited, as she telleth, by the goat's milk she hath taken night and morning. Do thou pluck a maniple—that is an handful—of the plant called Maidenhair, and make a syrup therewith as I have shewed thee. Let her take a cupful of the same, fasting, before she sleepeth, and also before she riseth from her bed.' And so they leave the house.

"'What thinkest thou, Luke, of the maid we have been visiting?' 'She seemeth not much ailing, Master, according to my poor judgment. For she did say she was better. And she had a red cheek and a bright eye, and she spake of being soon able to walk unto the meeting, and did seem greatly hopeful, but spare of flesh, methought, and her voice something hoarse, as of one that hath a defluxion, with some small coughing from a cold, as she did say. Speak I not truly, Master, that she will be well speedily?'

"'Yes, Luke, I do think she shall be well, and mayhap speedily. But it is not here with us she shall be well. For that redness of the cheek is but the sign of the fever which, after the Grecians, we do call the hectical; and that shining of the eyes is but a sickly glazing, and they which do every day get better and likewise thinner and weaker shall find that way leadeth to the church-yard gate. This is the malady which the ancients did call *tabes*, or the wasting disease, and some do name the consumption. A disease whereof most that fall ailing do perish. This Margaret is not long for earth—but she knoweth it not, and still hopeth.'

"'Why, then, Master, didst thou give her of thy medicine, seeing that her ail is unto death?'

"'Thou shalt learn, boy, that they which are sick must have somewhat wherewith to busy their thoughts. There be some who do give these tabid or consumptives a certain posset made with lime-water and anise and liquorice and raisins of the sun, and there be other some who do give the juice of craw-fishes boiled in barley-water with chicken-broth, but these be toys, as I do think, and ye shall find as good virtue, nay better, in this syrup of the simple called Maidenhair.'

"Something after this manner might Master Giles Firmin have delivered his clinical instructions. Somewhat in this way, a century and a half later, another New England physician, Dr. Edward Augustus Holyoke, taught a young man who came to study with him, a very diligent and intelligent youth, James Jackson by name, the same whose portrait in his advanced years hangs upon this wall, long the honored Professor of Theory and Practice in this institution, of whom I shall say something in this Lecture. Our venerated Teacher studied assiduously afterwards in the great London hospitals, but I think he used to quote his 'old Master' ten times where he quoted Mr. Cline or Dr. Woodville once.

"When I compare this direct transfer of the practical experience of a wise man into the mind of a student—every fact one that he can use in the battle of life and death—with the far off, unserviceable 'scientific' truths that I and some others are in the habit of teaching, I cannot help asking myself whether, if we concede that our forefathers taught too little, there is not a possibility that we may sometimes attempt to teach too much. I almost blush when I think of myself as describing the eight several facets on two slender processes of the palate bone, or the seven little twigs that branch off from the minute tympanic nerve, and I wonder whether my excellent colleague feels in the same way when he pictures himself as giving the constitution of neurin, which as he and I know very well is that of the hydrate of trimethyle-oxethyle-ammonium, or the formula for the production of alloxan, which, though none but the Professors and older students can be expected to remember it, is $C_{10} H_4 N_4 O_6 + 2 HO, NO_5 \} = C_8 H_4 N_2 O_{10} + 2 CO_2 + N_2 + NH_4 O, NO_5$.

"I can hear the voice of some rough iconoclast addressing the Anatomist and the Chemist in tones of contemptuous indignation :—'What is this stuff with which you are cramming the brains of young men who are to hold the lives of the community in their hands? Here is a man fallen in a fit; you can tell me all about the eight surfaces of the two processes of the palate-bone, but you have not had the sense to loosen that man's neck-cloth, and the old women are all calling you a fool! Here is a fellow that has just swallowed poison. I want something to turn his stomach inside out at the shortest notice. O, you have forgotten the dose of the sulphate of zinc, but you remember the formula for the production of alloxan!'

"'Look you, Master Doctor—if I go to a carpenter to come and stop a leak in my roof that is flooding the house, do you suppose I care whether he is a botanist or not? Cannot a man work in wood without knowing all about endogens and exogens, or must he attend Prof. Gray's lectures before he can be trusted to make a box-trap? If my horse casts a shoe, do you think I will not trust a blacksmith to shoe him until I have made sure that he is sound on the distinction between the sesquioxide and the proto-sesquioxide of iron?'

"—But my scientific labor is to lead to useful results by and by, in the next generation, or in some possible remote future.—

"'Diavolo!' as your Dr. Rabelais has it—answers the iconoclast—'what is that to me and my colic, to me and my strangury? I pay the Captain of the Cunard steamship to carry me quickly and safely to Liverpool, not to make a chart of the Atlantic for after voyagers! If Prof. Pierce undertakes to pilot me into Boston Harbor and runs me on Cohasset rocks, what answer is it to tell me that he is Superintendent of the Coast Survey? No, Sir! I want a plain man in a pea-jacket and a sou'wester, who knows the channel of Boston Harbor, and the rocks of Boston Harbor, and the distinguished Professor is quite of my mind as to the matter, for I took the pains to ask him before I ventured to use his name in the way of illustration.'" * * *

Per contra :—

"I feel, therefore, impelled to say a very few words in defence of that system of teaching adopted in our colleges, by which we wish to supplement and complete the instruction given by private individuals or by what are often called Summer Schools.

"The reason why we teach so much that is not practical and in itself useful, is because we find that the easiest way of teaching what *is* practical and useful. If we could in any way eliminate all that would help a man to deal successfully with disease, and teach it by itself so that it should be as tenaciously rooted in the memory, as easily summoned when wanted, as fertile in suggestion of related facts, as satisfactory to the peremptory demands of the intelligence as if taught in its scientific connections, I think it would be our duty so to teach the momentous truths of medicine, and to regard all useless additions as an intrusion on the time which should be otherwise occupied.

"But we cannot successfully eliminate and teach by itself that which is purely practical. The easiest and surest way of acquiring facts is to learn them in groups, in systems, and systematized knowledge is science. You can very often carry two facts fastened together more easily than one by itself, as a housemaid can carry two pails of water with a hoop more easily than one without it. You can remember a man's face, made up of many features, better than you can remember his nose or his mouth or his eye-brow. Scores of proverbs show you that you can remember two lines that rhyme better than one without the jingle. The ancients, who knew the laws of memory, grouped the seven cities that contended for the honor of being Homer's birth-place in a line thus given by Aulus Gellius :—

Smurna, Rodos, Dolophon, Salamin, Ios, Argos, Athenai.

I remember, in the earlier political days of Martin Van Buren, that Colonel Stone, of the New York Commercial, or one of his correspondents, said that six towns of New York would claim in the same way to have been the birth-place of the 'Little Magician,' as he was then called ; and thus he gave their names, any one of which I should long ago have forgotten, but which as a group have stuck tight in my memory from that day to this :—

Cattskill, Saugerties, Redhook, Kinderhook, Scaghticoke, Schodac.

If the memory gains so much by mere rhythmical association, how much more will it gain when isolated facts are brought together under laws and principles, when organs are examined in their natural connections, when structure is coupled with function, and healthy and diseased action are studied as they pass one into the other! Systematic, or scientific study is invaluable as supplying a natural kind of mnemonics, if for nothing else. You cannot properly learn the facts you want from Anatomy and Chemistry in any way so easily as by taking them in their regular order, with other allied facts, only there must be common sense exercised in leaving out a great deal which belongs to each of the two branches as pure science. The dullest of teachers is one who does not know what to omit.

"The larger aim of scientific training is to furnish you with principles to which you will be able to refer isolated facts, and so bring these within the range of recorded experience. See what the London Times said about the three Germans who cracked open John Bull Chatwood's strong-box at the Fair the other day, while the three Englishmen hammered away in vain at Brother Jonathan Herring's. The Englishmen represented brute force. The Germans had been trained to appreciate principle. The Englishman 'knows his business by rote and rule of thumb'—science, which would 'teach him to do in an hour what has hitherto occupied him two hours,' 'is in a manner forbidden to him.' To this cause the Times attributes the falling off of English workmen in comparison with those of the Continent.

"Granting all this, we must not expect too much from 'science' as distinguished from common experience. There are ten thousand experimenters without special apparatus for every one in the laboratory. Accident is the great chemist and toxicologist. Battle is the great vivisector. Hunger has instituted researches on food such as no Liebig, no Academic Commission has ever recorded.

"Medicine, sometimes impertinently, often ignorantly, often carelessly called 'allopathy,' appropriates everything from every source that can be of the slightest use to any body who is ailing in any way, or like to be ailing from any cause. It learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a post-master how to sound the Eustachian tube, from a dairy-maid how to prevent smallpox, and from an old market-woman how to catch the itch-insect. It borrowed acupuncture and the moxa from the Japanese heathen, and was taught the use of lobelia by the American savage. It stands ready today to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy. 'Science' is one of its benefactors, but only one, out of many. Ask the wisest practising physician you know, what branches of science help him habitually, and what amount of knowledge relating to each branch he requires for his professional duties. He will tell you that scientific training has a value independent of all the special knowledge acquired. He will tell you that many facts are explained by studying them in the wider range of related facts to which they belong. He will gratefully recognize that the anatomist has furnished him with indispensable data, that the physiologist has sometimes put him on the track of new modes of treatment, that the chemist has isolated the active principles of his medicines, has taught him how to combine them, has from time to time offered him new remedial agencies, and so of others of his allies. But he will also tell you, if I am not mistaken, that his own branch of knowledge is so extensive and so perplexing that he must accept most of his facts ready made at their hands. He will own to you that in the struggle for life which goes on day and night in our thoughts as in the outside world of nature, much that he learned under the name of science has died out, and that simple homely experience has largely taken the place of that scholastic knowledge to which he and perhaps some of his instructors once attached a paramount importance."

Massachusetts General Hospital.

[Surgical Operations for the week ending January 4th. Reported by C. B. Porter, M.D.]

1. *Amputation of Leg.* By Dr. S. Cabot.—This operation was performed on an adult male for extensive disease of the ankle-joint of about two years' duration, by the circular method. The case will be reported in full hereafter.

2. *Excision of Breast.* By Dr. R. M. Hodges.—This patient, a married woman, 48 years of age, noticed, about two years previous to her entrance to the hospital, a small tumor in the left breast, just inside and above the nipple, which continued to increase in size and become painful—the pains being of that stabbing, lancinating character experienced in scirrhus. For some months the skin

had been adherent to the tumor, and recently it had ulcerated. The tumor was about the size of an orange, and one gland in the axilla was implicated. The whole of the diseased mammary gland was excised with the tumor, and the involved gland in the axilla carefully dissected out.

3. *Dislocation of Humerus.* By Dr. S. Cabot.—This man, about three hours before his entrance to the hospital, had fallen, striking violently upon his left shoulder, producing a dislocation of the humerus downwards into the axilla, which was reduced by extension vertically upwards, the acromion serving as a fulcrum by which the head of the bone was pried out of the axilla, the scapula being fixed.

4. *Double Harelip.* By Dr. H. J. Bigelow.—This was a well-marked case of double harelip. The central portion of the lip, attached to the septum, was dissected from the protruding intermaxillaries beneath, its edges pared, and brought to a point. The intermaxillaries were now removed with cutting forceps, so that nothing should be left to hinder the subsequent and gradual approximation of the fissure of the palate. The lateral flaps were now freely dissected up, their margins pared and united by sutures, except at the upper extremity, where an insect pin was made to traverse the base of the alæ nasi and the central flap. A figure-of-8 suture firmly retained this flap in place. A piece of adhesive plaster was now cut into an hour-glass form, with the isthmus a little below the centre, and the cheeks being drawn together it wholly covered each cheek, while the narrow isthmus maintained a pressure upon the lips—the cheeks and lip being thus held firmly in place. Dr. Bigelow remarked upon the great advantage of adhesive plaster thus applied as a support to the whole cheek—an expedient to which he had resorted twenty years since. He also alluded to the advantage of a single slender pin for retaining the small central flaps in place, instead of sutures, which cut off its circulation. This pin should be inserted before the lower stitches, otherwise the flap will be driven to the top of the incision, and the nose thrust upwards even farther than happens usually in operations for double harelip. The method by sutures to the exclusion of pins has been generally employed in this hospital since 1846. If pins are used in exceptional cases, they are of the sort known as "insect-pins."

5. *Varicocele.* By Dr. S. Cabot.—This man, aged 38 years, had had a varicocele for eight years, which was operated upon by subcutaneous ligature by Ricord's method. The following description of this method is given by Mr. Curling: "The vas deferens being separated from the mass of veins, and the latter being pinched up with a fold of the scrotum, a needle set in a handle with an eye near the point, armed with a double-looped thread, is to be passed beneath them. When the needle has traversed from one side to the other, the loop is to be drawn out, the needle retracted, and the veins let go, the skin alone being now held up. A second needle, similarly armed, is then to be passed through over the veins, entering at the same hole by which the first needle was thrust out, and emerging at the same hole by which it entered. The second loop is next to be drawn out, and the needle withdrawn. The bundle of veins is thus included between two double threads, of which one passes over and the other beneath it. The ends of the thread on each side are then to be passed into the loop of the other, and now, by drawing these ends in opposite directions, the vessels are tied beneath the skin." These ends are then fastened to the ends of a piece of whalebone bent into the form of a bow—the necessary tension being maintained by the elasticity of the whalebone.

6. *Single Harelip.* By Dr. H. J. Bigelow.—The fissure was upon the left side, involving the hard and soft palate. The edges were freely dissected up, pared, and the intermaxillary of the same side as the fissure being cut with bone forceps to the level of the face, they were brought together by sutures, and the adhesive plaster applied as in the case above reported.

7. *Polypus Nasi.* By Dr. S. Cabot.—This polypus, of indefinite duration, was removed in the usual way.

8. *Examination of Ankle.* By Dr. H. J. Bigelow.—Three years ago, this boy received an injury to his left ankle by being accidentally hit by a stone. It did not seem to be a serious injury at the time, but after a while numerous ab-

scesses formed in the vicinity of the joint, and he has been obliged for the past four months to keep his bed. The parts were too painful to be examined without ether, and he was brought to the table for that purpose. Such extensive disease of the ankle joint was found, involving the tibia, fibula and astragalus, that excision or amputation was deemed advisable, which was deferred until after consultation with his friends.

9. *Paronychia of Thumb.* By Dr. H. J. Bigelow.—Patient was an adult, and the thumb presented a knob at its extremity, surmounted by a nail of the size of a quarter of a dollar, the disease being of six months' duration. The soft parts were freely opened, a sequestrum removed, and the nail extracted, to allow the matrix to contract. Dr. Bigelow stated that this enlargement of the end of the finger, with a greatly enlarged nail, was not uncommon, especially in children, and was figured in works on surgery under the name of paronychia; but it was his own belief that the enlarged nail usually described as the disease, was only a secondary and comparatively unimportant complication of it. The real affection he considered to be an enlargement of the bone, which so stretches and perhaps stimulates the matrix that a very large nail is produced; for this result the requisites are, swelling for a considerable time and a degree of inflammation not too great. In the present case, a felon had occurred six months ago, and a long, slender sequestrum had been imprisoned near the distal phalanx till now. In a common felon, the inflammation is too rapid to allow of the enlargement of the nail. Children are subject to a chronic enlargement of the phalanges, by some supposed to be tuberculous, which causes this enlargement of the nail, and the removal of the nail does not cure the disease.

10. *Enlarged Cervical Glands.* By Dr. H. J. Bigelow.—This young woman had had enlargement of the cervical glands, just below the angle of the jaw, about the size of an egg, for more than a year. Constitutional treatment had been resorted to, and lately numerous injections of tincture of iodine into the glands, but to no avail, and, at the request of the patient, they were removed by the knife.

11. *Excision of Tonsils.* By Dr. H. J. Bigelow.

12. *Tracheotomy for Croup.* By Dr. R. M. Hodges.—This child was 22 months old, of robust appearance. The disease was of three days' duration. Patient was brought to the hospital at the end of that time, suffering severely from labored respiration. Pulse 150 per minute and very weak, and respiration 35 per minute. Tracheotomy was deemed necessary, and was performed in the usual way.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 9, 1868.

SUCCESSFUL REMOVAL OF A FIBROUS UTERINE TUMOR BY ABDOMINAL SECTION.

The *Chicago Medical Journal* contains a report of the successful removal, by abdominal section, of a fibrous tumor of the uterus from a lady of that city, by Dr. Walter Burnham, of Lowell, in this State. The patient had been previously tapped for her ascites six times, and seventy-eight quarts of serum had been drawn off. From Dr. Burnham's account of the operation we extract the following:—

I advised an exploring operation by a short incision through the abdominal walls, with a view to ascertain the kind, character and extent of the adhesions, if any there were, so that, if owing to them, it was not deemed feasible to attempt the removal of the tumor, the patient might be subjected to the least possible risk. On the following day, I met Dr. Dodge, the two Drs. Clark, and Dr. Seeley in consultation, and they fully concurred with my views concerning an operation. Accordingly, the patient was placed on a lounge, and chloroform was administered until she was under its influence. I then made an incision through the integuments down to the peritoneum, extending from an inch below the umbilicus three inches downward in the median line; then, raising the peritoneum carefully, I divided it and passed the canula of a No. 10 trocar into the abdominal cavity, removing about fifteen pounds of a serous fluid, after which I increased the opening in the membrane, so that it corresponded with the original incision, by which means I was enabled to gain a free examination of the tumor, which I found sustained by a pedicle from the broad ligament of the uterus. There were, also, firm adhesions to the intestines to a considerable extent, and one of the Fallopian tubes was attached throughout its entire length. I thought, however, that these might be separated, and, with that view, extended my first incision three inches upward (avoiding the umbilicus), and about two inches downward, thus gaining ample room to turn the mass around, and by presenting its smallest diameter, to bring it to the surface, that I might better remove the adhesions. I then carefully dissected off the attachments to the intestines and the Fallopian tube, being obliged to ligate and remove a portion of the omentum, which was so thoroughly incorporated with the tumor that it could not be separated. I next passed a double silk ligature around the pedicle and drew it tightly, holding it firmly for some time before securing it, to prevent the duplication of membrane from slipping. I then tied it and separated the pedicle about a half inch from the ligature.

The wound was dressed by approximating the edges with five (5) wire sutures (bringing the ligatures out at the bottom), and covered with straps of adsive plaster, extending from one side to the other; above these, a compress of cotton batting was applied, and the whole secured by a broad bandage. The patient was then removed to bed and a mild anodyne administered, together with nutritious drinks, *p. r. n,* She was left in charge of Dr. Seeley.

The patient bore the operation well and slept the night after without an opiate. No special treatment was required, except simple dressings and nourishment. The wound healed rapidly, and five months after there had been no recurrence of the ascites, and the patient's general health was excellent.

Resections in London Hospitals. — Prof. Edmund Andrews, in a letter to the *Chicago Medical Examiner*, writes as follows:

"Resections of the knee are extensively practised, even in children. The surgeons deny that it will prevent the limb from growing, provided you do not remove the whole of the epiphysis. The practice here is very often to amputate or resect inflamed knees, in cases where a Chicago surgeon would save the limb and effect a cure. They operate in the first stages, while the disease is yet a simple inflammation, without suppuration or caries; and while, according to American experience, the knee is perfectly curable. In justification of this practice, they say that the cure, if accomplished at all, would be excessively slow, and, therefore, the hospitals could not keep the patients long enough. They would go out and run about on their limbs, and exasperate the disease to actual caries; therefore they think it better to operate at once. The real fact is this: They treat their patients only by medicines, local applications, and rest in the foul air of the wards, and find that they die. As a general rule, they are grossly ignorant of the fact that adhesive-strap extension and pure air will cure the patient without operation. So they take the easiest course, and cut out the joint, or cut off the limb, and thus end the matter, and frequently kill the patient."

Presence of Infusoria in the expired Air in Whooping Cough.—M. Poulet, in a note to the Academie des Science *(Gazette Hebdomadaire)*, writes as follows:—

A small epidemic of whooping cough having occurred in the locality where I live, I was induced to examine the vapor expired by several children affected with this malady, reputed contagious by the majority of observers. These vapors arising from the respiration of the little patients, presented a veritable world of infusoria, identical in all cases. The more numerous, which were also the most slender, may be classed with the species described by some under the name of Monas Termo, by others under that of Bacterium Termo. Others in less number moved to and fro in the field of the instrument. They had a form resembling a *bacillus*, slightly spindle-shaped; their length was from two to three hundredths of a millimetre, their breadth about a fifth as much. This is the species which Müller names Monas punctum; Ehrenberg, Bodo punctum, and which micrographers habitually class among the Bacteries—Bacterium bacillus. Thus, whooping cough, because of these alterations in the expired air, belongs to the class of infectious maladies, of which I have already studied, from the same point of view, variola, scarlatina and typhoid fever; and a truth, which the simple observation of facts had already rendered evident, receives from microscopic study complete confirmation.—*Pacific Medical and Surgical Journal.*

Can Typhoid Fever be Arrested? — Dr. Strong of Buffalo (*Buffalo Medical and Surgical Journal*), answers this question in the affirmative. He thinks he has accomplished the purpose by applying a blister to the iliac region as soon as the diagnosis is established, and repeating it, if necessary. The practice is not exclusively original with Dr. Strong. We have employed it repeatedly, and we believe it has been used by several other physicians in California. The only wonder is that, in view of the pathology of the disease, counter-irritation to the iliac region, or some other system of topical treatment, is not universally adopted. Perhaps the authority of Louis, who prohibited blisters altogether in typhoid fever, has determined the general course of medical practice in this respect, In spite of that high authority, we are inclined to concur with Dr. Strong. Further, there is a great variety of topical means besides vesication, which may be resorted to. — *Ib.*

Chestnut Leaves in Pertussis. — In the *Cincinnati Lancet and Observer*, Dr. J. S. Unzicker, of Cincinnati, reports the use of a decoction of leaves of the Chestnut, *Castanea Visca*, in whooping-cough. He says:

I have given it a fair trial in about thirty cases, and feel satisfied in saying that at last a remedy is found to cope with this disease. In all of these cases it gave decided relief the first two weeks. The cough is cut short, and patients rest easier through the nights, and the decline of all symptoms from that time on is very rapid. My method of using it is as follows: take from ℥iij. to ℥iv. of the leaves to the pint of water; let it come to a boil, then pour the whole into a teapot, without straining, and let them drink occasionally — either cold or warm — and as much as they will through the day and at bedtime. Children, I find, like to drink it, even without sugar, which I consider best, and have that way administered it to infants, without the least difficulty. — *Chicago Medical Examiner.*

Inflammation treated by Compression of Arteries.—Beyond its long-established use as a mode of treating aneurism, the compression of arterial trunks has lately been considerably employed as a therapeutical resource in the treatment of arthritic inflammations and similar diseases. Vanzetti, of Padua (who, we think, was the original proposer of this plan of treatment, since adopted in various countries), lately related to the Paris Academy of Medicine some cases of inflammation in which this procedure had been used. The first case was a wound of the hand, attended with excessive inflammation and swelling of the arm, its size being doubled. After twenty-four hours' digital compression of the brachial artery, the limb had returned to its normal size and all the symptoms had been relieved. The cure was complete in two days. The second case was one of malignant pustule upon the fore-arm. The cure of the patient was complete in a month. The third case was of elephantiasis of the leg. Compression of the femoral was kept up at intervals for about two months, when the patient left the hospital considerably improved. Three years after, the patient was seen, and the hypertrophy had entirely disappeared.—*N. Y. Medical Gazette.*

Mortality of the City of Providence, 1867.—Whole number of deaths for the year, 960—males, 465; females, 495—white, 907; colored, 53—born in the United States, 726; Ireland, 177; other places, 57. Among the causes of death are noticed—consumption, 189; pneumonia, 61; cholera infantum, 49; diseases of the heart, 49; old age, 47; dysentery, 43; accidents, 32; &c. Under 5 years of age, 284. Proportion of deaths to population, 1 in 59·16; in 1866, 1 in 53·67; in 1865, 1 in 45·08; in 1864, 1 in 42·01.

Dr. Maxson, in a letter to the *Medical and Surgical Reporter*, mentions two successful cases of œsophagotomy in Guy's Hospital, London, for the extraction of plates with teeth. In one of the cases the plate, though large, could not be felt till the œsophagus was laid open.

Dr. Charles E. Taylor, of the New York Orthopædic Institution, has received from Paris a medal which was awarded him for a new apparatus intended to correct vertebral deviations consequent upon angular or lateral curvature of the spine.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, January 4th, 1868.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	47	41	88
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.3	39.3	81.6
Average corrected to increased population - - - -	00	00	90.05
Deaths of persons above 90 - - - - - - -	0	0	0

Books and Pamphlets Received.—Chronic Diseases of the Larynx, with special reference to Laryngoscopic Diagnosis and Local Therapeutics. By Dr. Adelbert Tobold, Lecturer in the University of Berlin. Translated from the German and Edited by George M. Beard, A.M., M.D., Lecturer on Nervous Diseases in the University of New York. New York: Wm. Wood & Co. 1868.—Plastics: a new Classification and a brief Exposition of Plastic Surgery. A re-print from a Report in the Transactions of the Illinois State Medical Society for 1867. By David Prince, M.D. Philadelphia: Lindsay & Blakiston. 1868.—Diseases of the Heart: their Diagnosis and Treatment. By David Wooster, M.D., &c. &c. San Francisco: H. H. Bancroft & Co. 1867.—Proceedings of the American Pharmaceutical Association at the Fifteenth Annual Meeting, held at New York City, September, 1867.—Fifteenth Annual Report of the Trustees of the Public Library, 1867.—Twelfth Annual Report of the Trustees of the State Lunatic Hospital at Northampton.—Annual Report of the Board of Trustees of Mount Hope Cemetery (Boston), 1867.

Married,—At Winchester, 24th ult., Dr. W. F. Stone, of Jamaica Plain, to Miss M. L. Blaisdell, of Winchester.

Died,—At Stow, 30th ult., Seth Bass, M.D., aged 87 yrs. 6 mos.—At Portland, Me., 2d inst., of erysipelas, Dr. Tenbroek, Surgeon U.S.A.

Deaths in Boston for the week ending Saturday noon, Jan. 4th, 88. Males, 47—Females, 41. Disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 2—cancer, 1—consumption, 16—convulsions, 1—croup, 4—debility, 2—diphtheria, 2—dropsy, 2—dropsy of the brain, 1—dysentery, 1—erysipelas, 1—scarlet fever, 17—typhoid fever, 3—gastritis, 1—disease of the heart, 3—infantile disease, 1—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 9—marasmus, 1—measles, 1—old age, 1—paralysis, 1—premature birth, 1—puerperal disease, 3—unknown, 5.

Under 5 years of age, 36—between 5 and 20 years, 15—between 20 and 40 years, 20—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 68—Ireland, 18—other places, 2.

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PERMANENT OCCLUSION OF THE COMMON GALL-DUCT—CHRONIC HEPATITIS—DEATH—AUTOPSY.

By John L. Sullivan, M.D., of Malden, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

A. C., æt. 50, manufacturing chemist, born in Scotland, of bilious-sanguine temperament, so called, naturally strong constitution, stout but not corpulent, temperate though not abstemious in his habits; height, 5 feet 10½ inches; average weight, 185 pounds. In April, 1863, he became my patient for dyspeptic symptoms, which had attacked him rather suddenly. His health for many years had been perfectly good, and with the exception of an acute bronchial affection, for which he kept the house for a fortnight during the autumn of 1862, and a lameness in right chest, induced by a fall from his carriage and disappearing in a few days, his previous history presented nothing remarkable. A careful exploration of the chest revealed no disease of the thoracic viscera. The symptoms were—pyrosis, cardialgia and deficient appetite, with furred tongue, costive bowels and acid eructations. Simple treatment was advised, namely, a regulated diet, a few grains of blue pill followed by Rochelle powder, and subsequently bismuth, soda and the simple bitters. He had been accustomed to take a glass of mild ale with dinner, and once a week to dine with Scotch friends and to indulge in a genial glass of the smoky-flavored whiskey for which his native land is famed. From these indulgences he was enjoined to desist. A few weeks later, his condition having improved, though the dyspeptic symptoms had not wholly disappeared, he was advised to try a change of air, in the belief that a journey, with relaxation from business cares, would fully restore his health. Accordingly, he passed nearly two months in the State of Maine.

On his return, I was disappointed in finding him worse than when he left home, notwithstanding he had paid strict attention to diet, regimen, &c., and abstained from stimulants. A few days afterwards, jaundice appeared unexpectedly, without aggravation of his previous symptoms. The epigastrium was found somewhat tender on pressure, but a careful examination of the hepatic region, covered as it was by more than two inches of adipose tissue, failed to detect either enlargement of the liver or a distended gall-bladder. There was no complaint of pain, and the epigastric tenderness above mentioned was so slight as to have escaped the patient's notice. Disrelish for food, languor, inaptitude for mental or bodily exertion, a sense of weariness in the limbs, and irritability of temper, unusual in a man of easy disposition and especially annoying to himself, were the principal subjective symptoms. The pulse was full and slow, ranging between 54 and 60. The bowels were usually confined, and when open the stools were clay-colored, loose and frequent. The conjunctivæ, skin and urine presented the appearance usual in jaundice, but the obstinate character of the precursory dyspeptic symptoms rendered the case peculiar. Gentle saline purgatives, diaphoretics, baths, rest and regulated diet were for a fortnight tried without avail. Then, according to the plan recommended by Dr. James Jackson, eight leeches were placed over the point where the common duct opens into the duodenum. The leeches were followed by a large blister, but no relief was experienced.

At my request, the patient was now seen by Dr. John Ware, who thought that he could discover at the spot where the leeches had been applied a circumscribed, deep-seated induration, the result either of inflammatory action or incipient malignant disease, probably the latter. He suggested that the patient should be gradually brought under the influence of mercury, and so kept for some time. Gentle ptyalism was induced in about two weeks by the daily administration of calomel (gr. ss.) and ext. conii maculati (gr. v.), taken in pill at bed-time. As soon as the gums became tender and the characteristic odor of the breath was perceived, the medicine was discontinued for a few days, and then resumed in the dose of one pill every alternate night. This course, which was commenced in November, 1863, was pursued till the close of February, 1864, when, the jaundice having perceptibly abated, and the stools having become more natural, the external and internal use of nitro-muriatic acid was substituted for the mercurial treatment.

Early in March, A. C., at my suggestion, took passage for Scotland, in the hope that travelling for several months would completely restore his health, already apparently much improved. To obviate constipation during the voyage, he was directed to take a wineglass of sea-water three times a day. I advised that on his arrival in Scotland he place himself under the best medical care. He took with him a full description of his case, with the treatment pursued, and was warned on no account to submit to a second course of mercury, both Dr. Ware and myself agreeing that no farther benefit could be expected from that drug. On reaching Glasgow, A. C. became the patient of an eminent physician of that city, who then filled the chair of Pathology in its Medical University. Soon after, I received a letter from him, stating that his disease was vaguely diagnosticated as "liver complaint." The letter enclosed the prescriptions of his medical attendant, in which hydrargyrum cum cretâ and quinine predominated. Against this treatment I sent a written remonstrance, which induced A. C. to leave off mercury.

He reached home early in August, and again placed himself under my care. I learned that, during both passages, he had suffered from seasickness, and had vomited freely, but that the matters thrown off had "never once tasted bitter nor looked like bile." He had repeatedly examined his stools and found them clay-colored, except when tinged by some article of diet. His complexion was still jaundiced, although his appetite was good, and he had gained considerably in weight. The pulse was slow, the alvine dejections clay-colored, the urine loaded with bile, and the skin, especially of the face, the seat of a lichenoid eruption, attended with intolerable itching, which deprived him of sleep. The whole category of anodynes were tried in succession, and abandoned, either because they disagreed or failed to allay the pruritus.

During September, patient emaciated rapidly, and enlargement of the liver began to take place. At first, the lower border of the right lobe could be distinguished just below the ribs, and in less than a fortnight the hepatic tumor had descended to the level of the umbilicus, and reached, superiorly, the lower border of the fourth rib, as was evident by percussion. The enlargement of the liver was accompanied by pain and tenderness on pressure, which were relieved by leeching, hot fomentations and external application of iodine. Through the abdominal parietes, the hepatic swelling felt smooth, uniform, firm but not hard, the lower border well defined and tolerably sharp; as yet there was no marked enlargement of the left lobe; a slight, though distinct, fluctuation showed the presence of effusion to a moderate degree, but too inconsiderable to constitute ascites. The pruritus daily grew more troublesome, and, with the failing strength of the patient, caused his principal annoyance. This symptom was partially relieved by bathing the affected parts with chloric ether, but a more effectual remedy was afforded by destroying with the nails the papules of lichen as fast as they appeared. Abscesses of an indolent character, occupying the pinnæ of the ears and portions of the face, now began to form in quick succession, and, on discharging, voided pus deeply tinged with bile.

Dr. Ware having deceased, at the suggestion of the patient Dr. M. Wyman was seen in consultation, Sept. 26th, 1864. After repeated examinations, Dr. W. diagnosticated probable cancer of the liver, and proposed a course of iodide of iron in the form of Blancard's pills. At Dr. W.'s request, the diagnosis of cancer was communicated to the patient and his family. This view of the case was objected to by them, partly from reluctance to admit the existence of malignant disease, partly because such a diagnosis was at variance with the opinion which they had previously elicited from me, namely, that the primary lesion was of an inflammatory character and had produced closure of the common duct, and that the disease of the liver was a secondary affection, caused by the prolonged disturbance to the functions of the organ in consequence of the obstruction.

One year and a half had now elapsed since the initiatory dyspepsia, and a year since the supervention of jaundice. The disease was therefore clearly removed from the category of acute affections, and must be classed among the chronic diseases of the liver attended with jaundice and progressive enlargement of the organ, but without ascites. The principal chronic diseases of the liver attended with enlargement are—1, simple hypertrophy; 2, chronic congestion; 3, chronic hepatitis; 4, abscess of the liver; 5, fatty liver; 6, waxy do.; 7, syphilitic do.; 8, cancer of the liver; 9, hydatids.

These diseases are usually attended with little or no jaundice, and in this particular differ materially from the present case, during which jaundice had persisted in an aggravated form. Little difficulty was experienced in excluding from the question of the diagnosis all the above disorders, except cancer and chronic hepatitis. The case presented symptoms common to both, but was complicated with a more marked degree of jaundice than usually attends either.

On the one hand, militating against the diagnosis of cancer were, the perfectly smooth outlines of the hepatic tumor, the absence of nodules of various sizes developed in its substance, and of swollen jugular glands, on whose existence Virchow lays stress as a mark of distinction between the cancerous and the non-malignant enlargements of the liver.

On the other hand, chronic inflammation of the liver is almost unknown, except in hot climates; moreover, the fact that extreme latitude has been given to the term chronic hepatitis, and that the pathognomonic symptoms, if any exist, of the disease properly so called, have not yet been determined, added to the obscurity of the case, and rendered an exact diagnosis difficult, if not impossible.

Restricting the application of the term chronic hepatitis to that state in which the liver is "augmented in size, harder than natural yet easily torn, of deep red color, and in which the exudation is very apt to become purulent, we have these manifestations:—dull, heavy pain in the hepatic region, somewhat augmented by pressure; dry, heated skin, of sallow hue, and often the seat of distressing itching, a yellowish conjunctiva, indigestion, whitish stools generally hard, a short cough and the physical signs on palpation and percussion of an enlarged liver, the border of which is uniformly thickened and hardened."

There could scarcely be given a more graphic description of the condition of my patient, after his case became confirmed. It will be shown how nearly the *post-mortem* appearances coincided with those of chronic inflammation of the liver, as above stated.

In October, 1864, I accompanied my patient to New York city for the purpose of obtaining Prof. Alonzo Clark's opinion of the nature of the difficulty. Prof. C., together with Prof. Willard Parker, saw the case several times, and both expressed the conviction that the disease was *not* cancer of the liver, but chronic inflammation produced by permanent occlusion of the common duct, the cause of which was involved in obscurity, though probably inflammatory. They gave an unfavorable prognosis, and confessed themselves unable to make any suggestion as to the treatment other than to persevere in the use of the iodide of iron.

A few weeks after his return home, A. C., discouraged by the unfavorable aspect of the case, resolved to try the virtues of homœopathy, and accordingly placed himself under the care of a disciple of Hahnemann, by whom he was treated with full doses of mandrake, and vigorous counter-irritation over the region of the liver with croton oil, a mode of treatment not recommended, so far as I can find, in the "Novum Organon." Unfortunately, he did not reap the benefit which he anticipated, and, early in the spring of 1865, again placed himself under the care of a regular practitioner—Dr. S., of Clinton, Mass. His new adviser diagnosticated obstruction of the common duct by gall-stones or inspissated bile, and with the purpose of expelling the impacted substance, sought to excite an extraordinary flow of bile by the use of sulphate of manganese, which is regarded by some authorities as a powerful cholagogue. After this remedy had been taken for several weeks in small doses, as a tonic and alterative, an attempt was made to act energetically upon the liver by very large ones. Half an ounce of the drug was given every twenty-four hours, in divided doses of a drachm each, resulting in moderate action of the bowels, great prostration of strength, severe pain in the region of the liver, and a remarkable deepening of the jaundiced color of the skin and conjunctivæ. This was attributed by the physician to the increased secretion of bile produced by the medicine and absorbed into the circulation. The manganese was followed by a brisk cathartic. The stools having been brought to me to be tested for the presence of bile, only the faintest trace could be detected, derived undoubtedly from the intestinal secretions. The same course was repeated four times, at intervals of a week, affecting the patient more severely each time, but no bile appeared in the stools. After the fourth trial, which brought on double pneumonia, the patient growing skeptical as to the existence of impacted gall-stones in his common duct, again sent for me.

I found the lower lobe of the right lung, and two-thirds of the left lung hepatized. A day or two later, he was visited by Dr. Wyman, who now judged, from its long continuance, that the disease could not be cancer, as he had once believed. The treatment consisted in supporting the patient's strength with beef-tea and wine whey. The pneumonia gradually disappeared, so that in the pleasant weather of June, although very feeble, and having lost more than fifty pounds' weight, he was able to ride out.

Near the middle of July, he went to the sea-shore. Soon after, hæmorrhage from the gums and eyelids indicated that his protracted sufferings would soon close. About this time, a roundish, elastic and prominent swelling, of the size of a small apple, having an indistinct fluctuation, and attended by severe pain and inability to use the left arm, appeared just below the spine of the left scapula. It was evident that deep-seated hæmorrhage had taken place. The patient's aversion to anodynes being so great that he preferred to suffer rather than take them, it was found impossible to relieve his distress. On the morning of August 10th, he partook of a light breakfast with some relish. Afterwards, his mind, which up to this time had been perfectly clear, failed, and he gradually sank into a state of profound coma, which continued until he died, at 1½ o'clock, A.M., August 11th.

At 3 o'clock, P.M., an autopsy was made, of which the following is the record:—Body much emaciated, complexion pale lemon-yellow; *rigor mortis* scarcely marked. Opening the post-scapular swelling, it was found to contain four ounces of coagulated blood and a like quantity of serum. On making the usual incision over the thoracic and abdominal viscera, several small collections of coagulated blood and serum were exposed. Thoracic contents healthy, except the heart, which was in a state of fatty degeneration, and quite empty. The abdomen contained nine ounces of serous fluid, somewhat deeply tinged with bile. Liver much enlarged, especially the right lobe, weighing nine pounds; color pale reddish-yellow, the entire organ being in a state of chronic inflammation, portions of it on the point of breaking down into pus; gall-bladder rather larger than natural, containing half an ounce of thin, yellow fluid; gall-ducts healthy and pervious, except just at the point where the common duct opens into the duodenum, where it was surrounded and compressed by an indurated mass the size of an English walnut, of somewhat irregular surface, pale-yellow color, firm consistence, slightly elastic. This was at once recognized as the result of circumscribed inflammation of the serous membrane, which was otherwise healthy. It was with some effort that a probe could be made to pass from the common duct into the duodenum, and there could be no doubt that the former had been impermeable to the passage of bile for a long time. Specimens of different sections of the liver were sent to Dr. Benj. S. Shaw, of Boston, who submitted them to microscopical examination, and confirmed the account given above. Pancreas of normal size, but softened almost to disintegration. Kidneys pale, but otherwise healthy. Spleen enlarged and softened, weighing two (2) pounds. On removing the calvaria and dura mater, the cavity of the arachnoid was found filled with coagulated blood and serum, eight (8) ounces each, spread uniformly over the entire surface of the brain, which was otherwise healthy, though "moist."

From the history of this case, a valuable lesson may be drawn with reference to the amount of useless and sometimes positively injurious medication to which persons laboring under incurable chronic diseases are often subjected.

I would remark that the patient's urine was tested on several occasions, by the addition of sugar and sulphuric acid, to determine the presence or absence of the biliary acids, and that the reaction characteristic of the presence of these acids was obtained in every instance. As it is claimed that in jaundice this result may be taken as a sure indication that the jaundice is due to obstructed bile-ducts, the above fact is interesting.

SURGICAL CASES FROM THE RECORDS OF THE BOSTON DISPENSARY. SERVICE OF DR. CHEEVER.

Reported for the Boston Medical and Surgical Journal by F. G. Morrill and R. C. Greenleaf, Jr.

Case I.—B. H., aged 3 weeks, was brought to the Surgeon's room with swelling and tenderness in the right groin, presenting the symptoms and appearances of a strangulated hernia, the vomiting alone being wanting. There had been no passage from the bowels for two days, the abdomen was swollen and tympanitic, and the child evidently was in great distress.

Examined under ether, the tumor felt like intestine. Notwithstanding these symptoms, as no testes were felt in the scrotum, the child was taken home, a fomentation applied, and the mother requested to bring it the next day, if there was no change for the better. She appeared accordingly, the child's symptoms being still more marked, slight vomiting having appeared, and increased swelling and pain in the groin. The child was again etherized, and an incision made over the tumor. On careful dissection, no bowel was found, but simply the descending testis with the attached gubernaculum, mesorchium, &c. There was no obstruction above the testis, and a director could be passed into the abdominal cavity. The wound was closed, a water dressing applied, and castor oil prescribed. On the next day the child was again seen, having had good passages from the bowels and great decrease of the abdominal swelling and pain. From this time he rapidly recovered.

This case is interesting from its great similarity to a case of strangulated hernia, both in internal and external symptoms.

Case II.—Out of six cases of fractured clavicle, the only one worth mentioning was that of an infant in whom the fracture was caused by the violence of a female accoucheur.

Case III.—Out of six fractures of the forearm, one was the rather rare fracture of the olecranon process, in a boy 12 years old. This was treated in an extended position with a glue bandage. Excellent union took place in four weeks. Passive motion still continued.

Case IV.—M. T., female, 19 years old. Dislocation downwards of head of humerus. The ease with which the bone slipped into and again out of position, showed extensive laceration of the capsule. The arm was kept at rest, with a pad in the axilla. She is gradually recovering motion and strength in the limb.

Case V.—Out of a large number of felons (which all did well after free and early incisions), in one case alone had pus made its way from the palm under the annular ligament to the forearm, forming the so-called "saddle-shaped" constriction.

Case VI.—D. R., aged 18, a youth of robust appearance. Lacerated wound of palm, involving the artery of the thumb, which had been ligatured on the previous day. The bleeding, however, was persistent from the whole surface of the wound, and various styptics and finally careful and long-continued pressure were tried without effect. This was a well-marked case of hæmorrhagic diathesis, and the patient was sent to the City Hospital, where he finally recovered.

Case VII.—A female, aged 65. Epithelial cancer on the frontal bone over the left orbit—disease of about a year's standing. This was treated by daily applications of glacial acetic acid, which retarded and very slightly diminished the growth, serving merely as a palliative treatment. The cervical glands were already affected. The chloride of zinc was applied once, but produced such extensive sloughing, attended by hæmorrhage and followed by very exuberant granulations, that the acetic acid was resumed.

Case VIII.—A female, aged 45. Scirrhous cancer of rectum. This woman was very much reduced by the disease, which externally formed a ridge of fungoid masses around the anus. The bowel was healthy for about three inches above the anus, at which point there existed another ring of induration, causing a well-marked stricture. Case not treated.

Case IX.—A female, aged 50. Stricture of œsophagus, which, from its history and the appearance and age of the patient, was probably cancerous. She was gradually starving to death. Recommended to hospital.

Case X.—A healthy boy, aged 4, appeared with retention of urine, bladder very much distended, and swelling of penis, with phymosis. He was etherized for examination, but when fairly asleep, a small calculus, which had been impacted at the meatus, was suddenly discharged, followed by a gush of urine. The bladder was then examined by the sound, but no more calculi were detected. In July last, he had presented similar symptoms, when a small calculus was removed from the urethra.

Case XI.—A man, a currier by trade, had a poisoned wound from leather on the end of his finger, which took on a persistently unhealthy action. Lymphatic inflammation was followed by numerous abscesses about the elbow, which were treated by poultices and incisions, with tonic constitutional remedies. He was discharged well in six weeks.

Case XII.—An infant, 11 weeks old. Polypus nasi removed. This is an interesting case, from the extreme youth of the patient, the polypus having probably commenced its growth *in utero.*

Cases XIII. and XIV.—Both females, married, born in Ireland—one aged 40, the other 19. Both afflicted with bronchoceles, which had commenced their growth in this country. Neither would submit to an operation.

Cases XV. and XVI.—Both of syphilitic sarcocele. These steadily improved, being treated externally by mercurial ointment, and internally by the syrup of the iodide of iron and iodide of potassium.

Cases XVII., XVIII. and XIX.—In all three, suppuration and abscess had resulted from boring the lobes of the ears.

ON SOME OF THE EFFECTS OF BROMIDE OF POTASSIUM.

By William Otis Johnson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Some time during the past summer, I casually stated to the Editors of this Journal that there had recently occurred, in several instances in my practice, some unusual symptoms immediately following the administration of medium doses of bromide of potassium. Up to that time, no similar observation had found its way into print; but the November number of the *Edinburgh Medical Journal* mentions an instance of temporary paralysis, and alludes to analogous symptoms from this medicine, as reported in the *Comptes Rendus* and *Centralblatt.* Meantime, in October last, I observed a fourth case, and herewith report them all.

Case I.—Female, single, æt. 59. Hysteria and asomnia. Had frequently taken bromide of potassium in moderate doses (eight to ten grains), with satisfactory results; had gone through with the eruption. Kept a solution on hand to use *pro re nata*, herself the judge as to occasion and quantity. Reported to me one morning that on the evening before, after two or three repetitions of the above dose (under thirty grains in all), she had felt a strange sensation of sinking, tremor, and anxiety, with numbness in legs and forearms, lasting a few minutes and passing off gradually; no further effects, and no recurrence of these.

Case II.—Male, æt. 28. Delirium tremens (epileptoid). All stimulus had been omitted for twelve hours, and the bromide substituted, one drachm in solution, of which one fourth was ordered every hour; the four doses were given, and were succeeded by quiet and repose of body and mind. At night, asomnia, restlessness and wandering returned. Thirty grains were given in one dose. Within five minutes there were increased agitation, tremors, anxiety, hysterical dyspnœa, numbness in limbs, loss of power in forearms, and a general subjective sense of immobility. Cessation of symptoms after a few minutes, and a comparatively quiet night.

Case III.—Female, æt. 49. Widowed twelve years. Irritable and swollen os uteri from over-cauterization, with the whole list of reflex or peripheral spinal symptoms. Had been taking for some time fifteen grains of bromide of potassium at night, and more when necessary; effects always good. Took it regularly, and had the eruption. One night, quite late, I was sent for, to hear the report that after taking the bromide in somewhat larger dose than usual, between 10 and 11 o'clock, she had been seized with vertigo (to which she was normally subject, however), great agitation, trembling, numbness up and down the spinal column, and other indescribable sensations in back, loss of power in forearms, and a general apprehension of impending dissolution. None of these symptoms, however, awaited my arrival, and although they were reported the next morning as having continued during the night, the result of close questioning did not sustain her impression to that effect, and I was satisfied that they had neither continued nor recurred.

Case IV.—Male, æt. 40. Depression, asomnia, incertitude, irritability, insequence of thought. Had never taken bromide of potassium, nor used any narcotic or sedative. First dose at 8, P.M., fifteen grains; no result. Second at 9, thirty grains. A few minutes afterwards, the patient sprang up in bed, apparently frightened, agitated, trembling; said that his legs were immovable and his arms numb. A person in attendance fancied that a convulsion was at hand, and started for wine. Before it was ready, the symptoms had begun to subside; the stimulus was taken, however, and a quiet night, without sleep, followed. The patient was afraid to try the bromide again, but there was no further occasion for it in the case.

Now to these facts, I add:—

1. That they are the only instances in an employment of this drug extending over a period of six years, and to not less than a hundred cases.

2. That the symptoms in other instances have *not* followed very much larger doses.

3. That they never returned after once subsiding; nor was the remedy suspended in consequence of them, nor did they ever repeat themselves in the same individual.

4. That the phenomena reported attach to but a single point in observation, and are in too direct and apparently causative relation with that point to admit the suggestion of accident or coincidence.

5. And, finally, that they constitute, as here detailed, the only observation on this point as yet placed on permanent record.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 390.]

Ecthyma.

This affection of the skin is characterized by large and prominent pustules, generally but few in number, and having a hard base, with a dull-red areola. These pustules are models or types of the *phlyzacia* of Willan. They appear in successive crops on different parts of the body, but most frequently on the extremities, shoulders, and buttocks. They are usually discrete, although occasionally several arise in the immediate vicinity of each other and coalesce. When they reach their maturity they dry up into thick, brown and adhering scabs, which, when they are detached, leave behind them superficial cicatrices, or dark-red stains, which remain for several weeks.

Rupia approaches in all its leading features very nearly to ecthyma. Hardy considers the two eruptions as in reality but one, and his views are adopted by other dermatologists. Both eruptions spring from causes that induce an impoverished state of the blood, and consequently debility of the economy to a greater or less degree; and both pursue a similar course, and require similar treatment.

Ecthyma is usually partial and successive; in some instances general in its invasion. Sometimes it continues but ten or twelve days, at other times it endures for many months. Willan divided the affection into four varieties, according to the constitution and age of the patient, viz.: ecthyma vulgare, ecthyma infantile, ecthyma luridum, and ecthyma cachecticum. These four varieties, however, can with propriety be described under two types or forms, that is, *acute* and *chronic* ecthyma.

Acute ecthyma is most commonly developed upon the lower extremities, sometimes upon the arms, shoulders and neck; but rarely upon the face or scalp. It does not often give rise to very severe constitutional symptoms. The individual occasionally complains of slight febrile disturbance and sore throat for three or four days, while the pustules are being developed. These commence with a sense of pain, heat and burning in the part, followed by the appearance of small red points raised one or two lines above the surrounding skin, with hard indurated bases and well-marked and vivid areolæ. In three or four days purulent matter is formed, and the pustule varies in size from that of a pea to a marble at the base. When first formed they are like "blind boils." If the eruption is copious and is scattered over the limbs, shoulders, back and chest, as it is occasionally, a good deal of irritation is set up. The patient is deprived of rest; the neighboring glands and lymphatic vessels are inflamed and abcesses form. In aged people it frequently passes suddenly from its simplest type to a much severer form, and a gangrenous condition of the affected locality supervenes (ecthyma gangrænosum). Sloughs form in the centre of the diseased mass very rapidly—an intractable ulcer is established, and the local disturbance soon involves the whole system and the patient dies suddenly. Sometimes the purulent deposit is removed by absorption, and the skin is restored to its natural condition after repeated desquamation.

In aged persons the pustules acquire larger dimensions than in the young. When the eruption appears upon the latter, the constitutional symptoms, sometimes by their intensity and the reaction which they excite, resemble the prodromata of the eruptive fevers or an outbreak of herpes; but these phenomena pass away as soon as the pain and burning sensation in the skin begin to subside.

On carefully examining the pustules of ecthyma, M. Rayer states that we recognize: 1. That in the first stage (red elevations) there is merely a sanguineous injection with a pyriform tumefaction of the epidermis; 2. That in the second there is deposited upon the summit of these elevations, rarely upon the whole surface, and under the epidermis, a certain quantity of purulent serum; 3. That in the third, which supervenes soon after, there is deposited a quasi-pseudomembranous substance in the centre of the elevation which is evidently *perforated ;* 4. That after the escape of this matter and the removal of the epidermis the pustule appears in the form of a small cup-shaped cavity, surrounded by a hard and thick edge; 5. On the following days this thickened margin subsides, at the same time a slight cicatrix is formed beneath the crust, the centre of which is fixed within the point where the perforation was observed.

Chronic Ecthyma.—This variety of ecthyma is more frequently met with than the acute. The eruption appears in successive crops, and persons of a debile or cachectic habit are particularly liable to be its victims. It is confined to no age, although it is the form designated by Willan, *ecthyma infantile.* It is true that children who have been poorly nourished and confined in badly ventilated tenements, are very commonly sufferers from this affection; but no more so than aged people, and debilitated subjects. The pustules, like those of the acute form, vary in size; the crusts are dark; the ulceration is sanious and yields a fœtid and unhealthy pus. If the complaint is developed in an ill-fed and weakly child, the patient is very apt to become hectic, and after struggling a few months against the malign influences of insufficient nourishment, an unhealthy atmosphere, and the slow but constantly advancing progress of the malady, it dies.

In elderly people and in those who have injured themselves by improper living, the pustules are generally numerous, and extremely slow in reaching maturity. They are of a very deep livid color; are surrounded by a great extent of diffuse inflammation, and contain a sanguinolent, curdy fluid, rather than pus which escapes from its confinement in ten or twelve days. The subcutaneous cellular tissue is involved, and there is a good deal of febrile action. The eruption then bears a close resemblance to the bullæ of rupia.

All the sub-varieties mentioned by different writers, under the head of chronic ecthyma, are but different stages of one and the same disease.

The causes of the eruption are bad nursing, bad air, or any long-continued irritating applications to the skin; hence it is occasionally met with especially in children who have had scabies, and have been subjected to the external employment of sulphur and other harsh means of destroying the parasites. In adults, over-exertion, fatigue, privation, debility and certain occupations—as, for example, that of bricklayers, grocers, butchers—and excesses of various kinds, are all conducive to the occurrence of ecthyma. The eruption frequently follows smallpox, measles and scarlatina; and last, but not least, in the catalogue of causes, is *syphilis*, either hereditary or acquired.

The diagnosis of ecthyma rarely presents any difficulties. The large size, prominence, and hard base of the pustules and their isolation, are usually sufficient to distinguish them from the small, non-indurated, flattened pustules of impetigo which are superficial, more or less confluent, and yield a greater amount of viscid, purulent matter, and the incrustations produced by them are soft, thin, semi-transparent, honey-like, or yellowish.

The pustules of acne and sycosis sometimes resemble those of ecthyma, but in the latter there is always a much broader base and areola, while in the two former the hard tubercle-like elevations without areolæ distinguish them.

If the eruption arise from a syphilitic cause, it is usually of a more chronic character with a less marked areola or none at all; often a coppery stain is detected; the scab is very dark with circular markings, and there is generally a history to the case which clears up any doubt.

Although ecthyma of itself is not a dangerous malady, yet when viewed in connection with the impaired state of the constitution which is but too apparent in very many subjects, the prognosis is of a grave character.

Treatment of Ecthyma.—We have seen that the complaint is one of debility; our therapeutic treatment should consist therefore in the administration of remedies calculated to restore the enfeebled powers of the constitution; and all our local measures to the diseased surfaces must be of a tonic character. The first object of inquiry should have reference to the condition of the primæ viæ. The bowels should be moved by a mild purgative, and a free eliminative action be maintained in them. In all other respects our course should be essentially hygienic during the continuance of the affection. The patient should be removed from all enervating influences, and should have the important benefit of salubrious air, cleanliness and a generous diet. If the patient is an infant, a sufficient quantity of good milk from a wet-nurse, or the cow, is the only nourishment that need be sought for it. This, together with the other means just mentioned for improving its physical condition, will, if the case is of trifling severity, be all that the child will require for its restoration. If any constitutional remedial agents shall be deemed necessary, the syrup of the iodide of iron in doses suited to the age, will be one of the best. The Fowler's arsenical solution to the amount of one or two drops each day, may also be administered in the wine of iron and simple syrup. If the general health of the child improves, little trouble or anxiety need be entertained in regard to the eruption, which will hardly fail to disappear in proportion to the improvement of the general health of the child.

If the malady is of a chronic type and is apparently due to a syphilitic cause, the bichloride of mercury is called for, and may be given with the two-fold object of acting as a tonic upon the system and of annihilating from it if possible the specific cause of the eruption. The iodide of potassium is also another ingredient which can be employed advantageously in the circumstances here supposed, and these circumstances, we are free to remark, occur quite often in the history of chronic ecthyma. Relapses frequently supervene in a few weeks or perhaps months after every vestige of the eruption has disappeared. The only course of procedure is to resume the former medication. It is a matter of encouragement to know that such renewal of attack is in most instances far less formidable than its predecessor, that is, if the general condition of the child has improved satisfactorily; otherwise the case may well inspire our gravest apprehensions.

If the patient is an adult he must be placed under the most auspicious influences for the promotion of his general health. He must lead a regular life as regards all his personal habits; be well supplied with the most nourishing food, of which milk stands pre-eminent in the list—his residence to be in a salubrious situation, and he should practise ablution every day in warm water, with carbonate of soda in it at the rate of three or four ounces to 25 or 30 gallons of water. Treated in this way the crusts will very soon be loosened or entirely cast off, so that the little atonic ulcers can be brought into a healthy condition by means of stimulating applications. Among these a saturated solution of the sulphate of copper is one of the most efficient. The surface of the ulcers should be touched with the solution once or twice every twenty-four hours, by means of a soft rag-mop. The acetate of lead ointment is a valuable article for topical use, likewise the benzoated oxide of zinc ointment of Bell. A saturated solution of nitrate of potash, applied three times a day, will promote their cure. In all cases of mild, acute ecthyma, the foregoing treatment is amply sufficient to bring the eruption rapidly to an end.

In the *chronic* variety additional measures are required. For internal use the mineral acids are important. The nitro-muriatic is perhaps the best. It may be administered as in the subjoined prescription: ℞ Acidi nitro-muriatici, ʒ iij.; infusionis quassiæ, ℥ viij. M. Dose, one drachm three or four times a day, in half a gill of water.

The tincture of the muriate of iron is also an excellent tonic for persons of dilapidated constitutions from dissipated habits. Cod-liver oil is to be prescribed to nearly all cases, old or young, at the same time with any of the other ingredients mentioned.

The iodide of potassium is entitled to confidence, also, in this eruption, more especially if the patient is suffering from the venereal poison. He should, in fact, be treated as for constitutional syphilis.

The local treatment of the chronic variety of ecthyma is substantially the same as that pointed out under the head of acute ecthyma. In cases of uncommon obstinacy some additional topical dressings may be needed, as weak nitric oxide of mercury ointment, or the unguent. hydrarg. nitratis diluted with simple ointment.

[To be continued.]

Bibliographical Notices.

Observations on the Nature and Treatment of Polypus of the Ear. By Edward H. Clarke, M.D.

This subject has received attention from all the various writers on aural diseases, but by most of them has been passed over in a very superficial manner A few, however, have devoted to it more care and investigation, among whom may be mentioned in particular, Toynbee, who made quite an advance towards a satisfactory classification of aural polypi, though his terms are more picturesque than scientific.

The present monograph on non-malignant growths of the ear is divided into two portions, one containing the history, a tabulated statement and an analysis of the thirteen cases given, and the other the general considerations of the pathology and treatment. The treatment, which is clearly and thoroughly handled, does not differ materially from the generally received views on the subject; with the exception of the successful use of powerful styptics in one case, by hypodermic injection. The pathology is very fully entered into, and the classification of aural polypi according to their intimate structure, as fibrous or epithelial, is, we believe, the simplest and most definite yet proposed.

Several of the cases are classed as fibro-plastic. Lebert is the authority for this term, which represents a growth characterized by elongated or fibro-cells and many-nucleated corpuscles, and subsequently called *myeloid* by Paget. The latter states that all the aural polypi that he had "been able to examine appeared composed of rudimental fibro-cellular tissue," and this, rather than fibro-plastic, seems to be the structure of all but three of the cases presented in the monograph. The term *epithelial*, though suggestive of malignant growths, must be accepted, as it is descriptive of the chief portion of the tumors, so called. The bearing of the sex, age and general health of the patient on the disease, and the position and etiology of the growth, are well treated.

The book concludes with a notice of fleshy excrescences of the meatus. It is written in a clear concise style, and covers the whole ground of the subject in a manner that will commend itself to every reader. It is printed on tinted paper, and has two plates of microscopic drawings very neatly executed. W.

Seventh Annual Report of the Officers of the Alabama Insane Hospital, at Tuskaloosa, October, 1867.

The late civil war commenced before the hospital building was completed, and put an end to all progress, for two reasons, viz.: want of funds which the State could not spare for improvements and repairs, and machinery which the South could not supply. During the past few years something has been done from time to time towards constructing and furnishing the house, until a considerable portion is ready for occupancy, at a cost, including grounds, &c., of $250,000; and it is estimated to need $20,000 more to put the whole structure in order for use.

The plans for the building were furnished by the Association of Medical Superintendents of American Hospitals for the Insane. It is built entirely of brick, and composed of a centre building four stories high, and wings three stories high, extending in a right line on either side, and subdivided into three sections, connected by cross halls, the whole measuring seven hundred and eighty-four feet in a straight line.

The centre building contains more than thirty rooms and a commodious chapel. The wings together contain eighteen separate halls, and over three hundred dormitories for the use of patients. Each hall has a dining room, parlor, bath room, drying room and water closet; and is intended to accommodate twenty patients.

It is proposed, eventually, to heat the whole building by radiation from steam pipes placed in the basement, and to ventilate it by one of Meigs's revolving fans driven by machinery.

The trustees report that a critical examination of all the affairs of the Institution, assures them of a wisely directed management the past year. An urgent appeal is made for appropriations to complete the hospital and prepare the whole for occupancy.

The Superintendent, Dr. Peter Bryce, reports the number of patients in the hospital, Oct. 1, 1866, as 74—44 men and 30 women. During the year there were admitted 77—46 men and 31 women; making a total of 151 under treatment. Of this number 13 were discharged *cured*—3 were *removed*, and 15 *died*; leaving in the hospital at the end of the year, 115—67 men and 48 women. Thus the figures state the numbers, but they leave five patients unaccounted for.

All the expenses of the hospital are paid by the State; so much of the poll tax as may be necessary being specifically reserved for the purpose, and applied at the end of every quarter. It is remarked, "that the specific direction thus given to a tax, hitherto viewed as arbitrary and odious, will do much to reconcile its exaction in the future, in view of the right it confers upon every tax payer to enjoy, if necessary, the privileges of the Institution." Under this regulation colored people as poll-tax payers contribute to the support of the hospital, and consequently are entitled to its benefits. Of this class ten were admitted during the year. In regard to the admission of colored persons the Superintendent says, "I observe from the printed reports of other hospitals, that proper provision for this class of the insane is everywhere receiving a due consideration. Where these hospitals have been full, which is generally the case, separate buildings have been erected for their occupancy; and in all cases, so far as I am informed, a classification, distinct from the whites, has been made. This is unquestionably proper, and indeed necessary here, if good results are expected; and accordingly, a portion of the hospital, distinct from that occupied by the whites, has been assigned to them, and will be held exclusively for their use. As a class, negroes enjoy much greater immunity from mental derangement than the whites, and where the aberration is the result of disease, in contradistinction from congenital stupidity, their recovery is equally promising." Speaking of the propriety of placing patients under treatment as soon as possible after their attack, he says, "the feeling that insanity is an infirmity, which if not allied to disgrace, is at least as much to be concealed and deprecated, and that resort to a hospital is an admission of it not to be made as long as it can be avoided, seems to be the most prominent, and I infer from the opposition raised against it by medical men from every quarter, that it is the most prevalent cause of delay." The absence of facilities for travel, and remoteness from railroads and principal places, are mentioned as equally detrimental to early admissions, and especially of acute cases.

The recoveries have been thirty-one per cent., in proportion to the admissions, which, in view of the large number of chronic cases admitted, is considered highly satisfactory.

The report takes up various points relating to insanity—its causes, effects, treatment, &c.; and discusses them in a thorough and able manner, well calculated to give the people correct views concerning this unfortunate class and the best mode of administering to their wants.

C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 16, 1868.

"GYNÆCOLOGY."

From a sharp editorial in the November issue of the *Saint Louis Medical and Surgical Journal*, we make the following extracts:—

> We had thought that to cut out the clitoris, and to split open the neck of the womb, and cut out the entire womb, were operations *hardly* ever to be performed—*hardly* ever justifiable. When we read of I. Baker Brown and his raid on the *clitoris*, scattering clitorides about the floors of his hospitals like bits of meat in the shambles—when we heard of Sims, and others, who were slitting open the wombs of young and old at the rate of some forty or fifty a year, we were shocked and startled, and thought of looking into the subject. Perhaps we have not,

even at this date, looked very far into it; but so far as we have looked we simply record. We had taken up the idea that Prof. Bedford, of New York, whose works on *Gynæcology* are well known wherever the English language is spoken, and which have been translated into foreign languages, *might* know something of the subject, so we ventured to write him a letter, asking him how often he had found it necessary or even advisable to perform these two great operations, *clitoridectomy* and *hysterotomy*. Prof. Bedford replied in a full letter, from which we make the following extract:—"I beg leave to state that I have never made a section of the neck of the uterus but in two instances, in which there was an imperforate *os tincæ*, and the women were both pregnant. In both of these cases I performed the operation of vaginal hysterotomy, and was fortunate enough to save both the mothers and children. These cases have been fully reported in the third edition of my Principles and Practice of Obstetrics, pp. 644, 651. I have never excised the clitoris for the reason that I have never, either in my own practice or consultation, found it necessary. I am not afraid of the knife, my dear doctor, nor do I shrink from responsibility when good and justifiable motives call for action. But I think the time has come for medical men to pause and reflect. We do too much for suffering women. We but add to her pangs, both moral and physical, doing too much. What a martyr to our action! And now the clitoris! The future of its torture is just commencing. Would that some voice more potent than mine could be heard in behalf of these martyrs to officiousness on the part of practitioners who falsely imagine every womb and clitoris are in absolute need of the speculum, the nitras argenti, and a bistoury." We stop our quotation from Dr. Bedford. He is strong enough against the modern meddling with women's wombs without quoting him to the end of his letter, of which the last sentence is just this:—"This is, verily, the age of woman's suffering."
* * * * We wrote to Hodge, of Philadelphia. Sure, Hodge will know something. Hugh L. Hodge! Well, we got a letter from Hodge. He says:—"I can perceive no philosophical foundation for either of the operations (clitoridectomy or cutting open the neck of the womb), and therefore have never resorted to them."

Thinking that uterine disease might be a sort of epidemic about St. Louis, we addressed a letter to Dr. Boisliniere, who has devoted a great deal of attention to female diseases. The letter contained only the two questions, "How often have you performed clitoridectomy, or hysterotomy?" Here is his answer, which we publish in full, as it is nearer home:—

"Dear Sir,—In answer to your questions, I will say that, in the course of a practice of upwards of ten years devoted to the diseases of women, I saw only three cases in which the section of the neck of the womb was imperiously required on account of extreme flexion of the cervix. I never did, nor believe I ever shall, perform the operation of clitoridectomy. Boisliniere."

Now, physicians must reason about this matter. Let us look at it very calmly. Here are some rather young dapper fellows, not much smarter or more honest than men in general ought to be, who pretend to have found from forty to fifty cases in a year of female disease in which it was advisable to cut open the neck of the womb! and this does not happen in our biggest towns, whilst two of the greatest authors on the subject of diseases of women—the oracles, as it were, of New York and Philadelphia—condemn the operation *in toto*. Where is the truth? Is it possible that these lads have found out what Bedford and Hodge and Boisliniere never dreamt of?

We find in the above a timely warning to us all to make haste slowly in the matter of using the knife upon the uterus. There is a fascination to some in cutting; and especially in the descriptions now current in letter-press, diagram and colored delineation, of operations done on the womb, and of the deformities removed or changed thereby. The mechanism set forth is attractive, the manual skill and the amount of risk incurred invite enterprise, and the beneficial effects claimed are so prompt and radical as to entice the unwary at least from slower and less striking methods of treatment. A dashing surgical operation throws into the shade the laborious management and patient waiting which have been the practice of the conservative and tentatively cautious. We fear that the various forms of hysterotome are too much used, and are likely to be more so, to the eventual discredit of the uterine branch of surgery.

We by no means intend to intimate that the division of the neck of womb is never proper or called for. Of course hospitals and clinics for the special treatment of diseases peculiar to females, and also practitioners of extensive reputation in the above-mentioned surgical specialty, have brought to them every variety of case, and particularly the most exaggerated abnormities. Thus, the greater part of the instances which warrant extraordinary interference may fall to the lot of a few. But, we cannot help thinking that the operative procedures in question, now so heralded on both sides of the Atlantic, should be reserved for the extreme cases—should be *extraordinary*—instead of being made the key to unlock uterine pathology. They should not be set up as the remedy for all but every disorder of the womb.

But, as to the precise value of hysterotomy, and its position relatively to other uterine treatment, we hardly see how it can be philosophically ranged, at present, or until those who practise it can find time to report all their cases, whether of successful or unsuccessful operation, or of the employment of other remedial measures.

To take the cases as they occur in private practice, we do not hesitate to say that the great bulk of the lesions which show themselves through the speculum uteri are forms of inflammation, congestion, and their results in the shape of hypertrophy, &c. The term ulceration has been repeatedly shown to be rarely applicable to any appearance on the womb, though abrasions are very common, as probably a frequent effect of abnormal secretions. Beyond the addition of chromic acid and glycerine as applications, we doubt if any material and valuable addition has been made to our means of treating those affections since the publication of Dr. Henry Bennet's larger work on Inflammation of the Uterus. And the judicious use of caustics and astringents, patiently persevered in, together with a proper regimen and medication addressed to the general system, we have found to be as successful as they were promised by Dr. Bennet, and as much so now as they ever were. We are not aware of any "change of type" which has impaired their efficiency.

It cannot be too often repeated that, as we have formerly pointed out, the caustic potash, rashly employed, has been productive of much harm, in contracting and even closing the os tincæ. Used alone as an application to the exterior, even, of the cervix, it diliquesces rapidly, and, without great care, is liable to spread, and glue together a large portion or the whole of the os. Combined with lime, it limits itself more closely to the spot with which it is brought in contact; but, though thus combined, it should be closely watched during its application, while all its *débris* should be neutralized before the speculum is withdrawn. It should rarely, if ever, be used to eat away the diseased part, but should be employed as an issue to set up a discutient action. With this and the actual cautery as resolvents of hypertrophy, and with the milder caustics and various astringents, heretofore fully described, together with other adjuvant measures, we are as completely prepared to encounter the more frequent of the ills that the matrix is heir to as though no hysterotome had ever been invented.

Contractions of the cervical canal are relieved by dilatation; as, for instance, with a series of graduated metallic dilators. If liable to recur, we see no harm in repeating the dilatation. When the contraction is below the os internum, a radical cure may be effected, and perhaps with little risk, by dividing the constricted portion, and the hysterotome thus brought into legitimate use.

Displacements, we are confident, will be found to be among the less frequent of the uterine ailments to be met with in ordinary practice; and the most common form of displacement, we think, is prolapsus. The remedy for prolapse, which is at once the most rational theoretically and the most radical practically, is the removal of its cause, which we believe to be chiefly enlargement, whether that enlargement be congestive, inflammatory, or hypertrophic; the hypertrophy being often traceable to antecedent congestion or inflammation, or to both. For temporary alleviation, during the treatment of the enlargement, and for intractable cases, we do not discard pessaries—extra-uterine; the form of instrument which has more often answered best in our hands being the ring pessary of Meigs. We do not object, however, to the varieties of this artificial support to be found at the instrument maker's, since different cases require different appliances. For instance, to a patient in the last stage of consumption, we were obliged to give a huge structure of gutta percha, with a perineal strap and a girdle. This was requisite to prevent her from coughing out the womb, so to speak, and afforded immense relief, till death ended all her bodily sufferings.

The question of the best management of the uterus, when deviated from its normal inclination, is a difficult one, though, as to flexions, the hysterotomists would seem to be for having it pretty much their own way, at present. There is more than one important point to be considered before deciding on the course to pursue. If hysterotomy be contemplated in a case of flexion, we are to inquire, first of all, what are the risks of the operation? If division of the cervix, with or without dilatation of the os internum, be sufficient to give free egress to the contents of the upper cavity of the uterus, and ingress to whatever it may be desirable should enter there, we should not be startled at the idea of trying it. But, we confess that the cutting through of the internal os has an ugly look to us, even on paper; and the statement that the uterus is liable to be thinned at the point of flexion would enhance our hesitation to advocate the operation.

Next in order we have to ask what are the chances of permanent success in the latest form of hysterotomy? Upon this point we are as yet only on the threshold of investigation. But, suppose this and the preceding question settled, we are to interrogate the patient as to the severity of her sufferings or inconveniences. Do they demand interference with the lesion? Is the system becoming used to its existence? If it be sterility which it is sought to remove, of how much importance is that condition in each particular case?

For the treatment of uterine deviations, with or without flexion, the intra-uterine stem-pessary was, some fifteen years ago, proposed by Prof. Simpson. Kiwisch pronounced the modified form of the instrument adopted by him "unbearable" by his patients. In France, though strongly advocated by Valleix, the invention did not gain general favor. In this country it attracted attention for a time; but for several years, less has been heard of it. For ourselves, we had almost said it should not be trusted out of the hands of Sir J. Y. Simpson; but will content ourselves with assuming that its use should be restricted to the most cautious and skilful hands. In like manner, hysterotomy, devised by the same fertile brain for contraction of the cervix uteri, but now carried far beyond the domain originally proposed for it by its distinguished author, is on its trial. It remains to be seen what its fate is to be.

We have put the term "gynæcology" at the head of these remarks, using it in the special sense to which it has been of late perverted, but not forgetting that other organs than the womb are the seat of "diseases peculiar to females." We would remark, in conclusion, for the benefit of whom it may concern, that the region, now-a-days so freely manipulated by so-called gynæcologists, represents what it was formerly conventional to consider the private parts. We should not be sorry to see this antiquated conventionalism in some measure rejuvenated; and the pendulum of medical ideas oscillate back to the point that lesions of the female genital organs are sometimes but the local expression of disorder of the general health.

"Our Catarrhal Holiday" Abolished!—In our issue of April 11th, 1867, were a few words with the above heading, and which were to the effect "that this is the time to consider whether we desire to see those misguided *paper wreaths and blue noses* whistling in the inclement blasts of Boston Common on the first of May; a day of conventional and inhuman enjoyment, on which, as Sydney Smith would have said, A decides that B shall agree to enjoy seeing the child C shivering in a white cotton frock and paper flowers." The persistent protests of our profession against the pernicious folly of playing summer in cold weather have culminated in the vote of the School Committee, last week, striking out, after full discussion, the first of May from the list of holidays. The School Board have thus manifested a wisdom in the economy of public health, parallel to that of a co-ordinate branch of the City Government in the economy of the public funds, as manifested in the rejection of the insane scheme of the monster lunatic asylum. The latter result, also, is due chiefly to the influence of one of our profession.

Chloromethyle.—Dr. Richardson, of London—the inventor of the "spray-producer"—is engaged in the experimental employment of a new anæsthetic—the bichloride of methylene, or "chloromethyle," as Mr. Spencer Wells calls it. Dr. R. claims that the new agent produces insensibility as profound as, but much more rapid than chloroform, and exempt from the dangers and inconveniences of the latter. This result is obtained from experiments on pigeons, and from its use in four cases of ovariotomy by Mr. Spencer Wells, in which operations narcotism was prolonged from thirty-five to forty-five minutes.

Arrest of Development in the Fœtus.—Dr. Warring Curran is quoted by Dr. Simplice, in the *Union Médicale,* as relating the case of a lady, who, when at the sixth month of pregnancy, was walking in a field, and was shown a frog by a young man. The youth made as though he were about to throw the reptile at her; and at the moment she was exclaiming to him not to do it, she received the batrachian full in her face. Feeling as if she had been struck upon the stomach, she sunk upon the ground. From that time, as she said, she was never well; and was always impressed with the idea that her offspring would resemble a frog. She was delivered, at the full term, of a monster which, in the conformation of its head, neck and shoulders, presented a striking resemblance to a frog, as such monsters usually do. The amniotic liquid was remarkably abundant.

"This last circumstance," says Dr. Simplice, "is quite natural—frogs require water."

Case of Perforation of the Intestine by Ascarides Lumbricoides.—A woman, aged 34, had a *strangulated* crural hernia. M. Patry, as reported in the *Union Medicale*, having opened the sac of the hernia, found in its cavity a living lumbricus. A second lumbricus was engaged in a perforation of the hernia, in such a manner that a third of its length had passed into the cavity of the sac, the other two thirds remaining in the intestine. M. Patry withdrew it from the grasp of the intestinal fibres by using force. The orifice then became sensibly diminished in calibre. It was said to be evident that the perforation was due neither to ulceration, nor softening, nor to a gangrenous eschar; but that it was produced by the worm, which separated the fibres of the intestinal tunics in order to pass from the cavity of the intestine into that of the sac. The intestine having been accidentally wounded with the bistoury, a severe peritonitis set in, which, however, terminated in resolution.

Changes in the Staff of the Paris Hospitals.—We learn from the journal just quoted, that the resignation of Dr. Vernois and the death of Dr. Bouley will bring about the following changes in the medical corps of the Paris hospitals:—Dr. Léger passes from *Bicêtre* to *l'Hotel-Dieu;* Dr. Woillez from *Cochin* to *Necker;* Dr. Chauffaud from *la Maison de Santé* to *Cochin;* Dr. Jaccoud from *Saint Antoine* to *la Maison de Santé;* Dr. Bucquoy from the *Enfants-Malades* to *Saint Antoine;* Dr. Luys from *Lourcine* to *Bicêtre;* Dr. Fournier from the *Direction des nourrices* to *Lourcine;* Dr. Guyot from *Larochefoucault* to the *Enfants-Malades.* Dr. Jules Simon, physician of the central *Bureau*, is appointed physician to the *Direction des nourrices;* and Dr. Siredey, also physician of the central *Bureau*, is appointed physician to *Larochefoucault.*

The changes in the surgical staff of the hospitals in Paris, in consequence of the appointment of Prof. Jarjavay to the chair of Clinical Surgery at the hospital *des Cliniques*, and of that of Prof. Richet to the Chair of Clinical Surgery at the hospital *de la Pitié*, are as follows:—M. Voillemier passes from *la Pitié* to *l'Hotel-Dieu;* M. Broca from *Saint Antoine* to *la Pitié;* M. Dolbeau from *Cochin* to *Beaujon;* M. Le Fort from the *Midi* to *Cochin;* M. Panas from the *Midi* to *Saint Antoine;* M. Tillaux from the *Bicêtre* to *Saint Antoine;* M. Labbé from *Salpêtrière* to the *Midi;* M. Liégois from the *Lourcine* to the *Midi;* M. Péan from the *Enfants-assistés* to *Salpêtrière.* From the *Bureau central* are appointed M. Guéniot, surgeon of *Lourcine;* M. See, surgeon of *Bicêtre;* M. Cruveilhier, surgeon of the *hopital des Enfants-assistés.*

The successors of MM. Velpeau and Nélaton are MM. Gosselin and Jarjavay.

M. Oulmont is reported, in the *Union Médicale*, as having compared the veratrum album of Europe with the veratrum viride of this country. The two varieties, he says, differ only in a few botanical and pharmacological characters, and the action of the veratrum album upon the various functions and on divers animals is the same as that of the veratrum viride. The former has, however, a more violent action upon the alimentary canal, where it always leaves traces of active inflammation. The killing power of the veratrum album is twice that of the V. viride.

Comparing the physiological action of *veratrine* with that of veratrum viride, M. Oulmont concludes that the alkaloid, which enters, in a notable proportion, into the composition of the veratrum, is not the active principle; and his conclusion is confirmed by an experiment made upon a rabbit with veratrum viride deprived of its veratrine. The phenomena were the same as those produced by the veratrum viride pure and entire.

Poisonous Cards.—We call attention to the following letter from Albert E. Ebert, dated Munich, Bavaria, Nov. 24th, 1867, to the Editor of the *American Journal of Pharmacy*:—

A novelty in way of a visiting card appeared in the States during the early part of the present year (1867), which from its resemblance to *Mother of Pearl*, by its crystallized surface, was much admired, and was largely used. This same curiosity has of late been introduced in this city, and I am informed by a dealer that the demand is greater than the supply. Several days ago one of these crystallized cards was brought to the laboratory by the Medical Director of the Sanitary Department of Munich, requesting Prof. Wittstein to give his opinion in relation to the composition of the crystallized surface. The professor, after applying the necessary tests, pronounced it a soluble *salt of lead.*

A quantitative examination which I made of such a card, 2½ inches wide, and 4 inches long, weighing 33½ grains, yielded as its crystallized coating 6.6015 grains of Acetate of Lead. The consideration which prompted me in addressing you on this subject, it not being, strictly speaking, of Pharmaceutical interest, was to call attention to a matter of more consequence than may at first sight appear. The public not being acquainted with the poisonous properties of these cards, will not be on their guard in preventing their being chewed or eaten by small children, to whom the *sweet taste* (of the lead salt) and the crystallized appearance will form an attraction, thereby producing obscure cases of illness and poisoning. The inventors of such deleterious articles deserve, if not punishment, public censure for thus placing the health of human beings in jeopardy. The manufacture and sale of these cards in this city has been forbidden by law.

Methylic Alcohol. By Dr. B. W. Richardson, F.R.S.—With regard to alcoholic fluids, he observed that the physiological law was that the period of time required by these bodies to produce their effects, and the period of time required for recovery, turned altogether on the boiling point of the fluid used. This was so certain that when the boiling point of one fluid and its action were known, the action of other fluids might be predicted from their boiling point. The explanation was simple. The alcohols taken into the body did not enter into any combination which changed their composition, but passed out of the body, chemically, as they entered it, and their evolution, and the time of their evolution, was the mere matter of so much expenditure of force, caloric, to raise them and carry them off. He had tested this, and found that intoxicated animals recovered more or less quickly according to the temperature in which they were placed—those in the higher degree returning the sooner to their normal condition. The practical lessons were, that in alcoholic poisoning of the human subject the most important condition for recovery was a high temperature.

Administration and Effect of the Ergot of the Rye on the Pregnant Female and her Offspring. By Chas. H. Jones, M.D.—Acting thus powerfully on the uterus as an expulsive agent, does it produce any effect on the child? This is a question of great interest and importance, involving, as it does, consequences not only of professional, but also of a moral nature. In view of its peculiar action upon the impregnated uterus, I am inclined to the opinion that it often destroys the life of the child, and that a great number of still-born children can be directly traced to its indiscriminate use. These are my convictions, and I shall state the reason of my faith, and the evidence upon which it rests. Labor is a physiological process, and as the laws of nature are never without purpose, is it not reasonable to conclude that the designs in making the pains of labor regular and intermittent, were not only to give complete repose to the mother, and thus enable her to regain her strength, but also to relieve the child from the effects of pressure resulting from the expulsive contractions of the uterus? When these contractions have been excited by the use of ergot, the pressure is much greater than in ordinary labor; it is more direct, it is continuous and unremitting. No relaxation of the uterine fibres takes place as long as the influences of the drug continue. A continuation of these contractions may cause an early detachment of the placenta before the birth of the child, and thus interrupt its circulation.

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Prof. Huston, in the *North American Medical and Surgical Journal*, 1829, says:—"My own experience with the article convinces me that it is a most dangerous and destructive drug. The children were stillborn in a proportion shocking to my feelings. In the city of Philadelphia, where it is so much praised by so many distinguished men, this item in the bills of mortality has become so glaring as to attract the notice of the editor of one of our daily papers."—*Philadelphia Medical and Surgical Reporter.*

DR. LOMBARD, of this city, has found many of the clinical thermometers, which he has tested, to be incorrect.

THE Wisconsin State Hospital for the Insane has been enlarged, at an expense of $98,000, by the addition of one longitudinal and one transverse wing on each side of the main building—thus doubling the capacity of the Hospital, and furnishing accommodations for three hundred and fifty patients.

The Missouri State Medical Society has been re-organized. A meeting for that purpose was held at St. Louis, Dec. 10, which was well attended, and officers for the year were chosen.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 11th, 1868.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	53	50	103
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.8	40.1	82.9
Average corrected to increased population - - - -	00	00	91.32
Deaths of persons above 90 - - - - - - -	0	1	1

PAMPHLETS RECEIVED.—Report of Prof. Joseph Henry, Secretary of the Smithsonian Institution, Washington, D. C.—Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane.

DEATHS IN BOSTON for the week ending Saturday noon, Jan. 11th, 103. Males, 53—Females, 50. Abscess, 1—accident, 1—apoplexy, 5—congestion of the brain, 3—disease of the brain, 4—bronchitis, 5—cholera morbus, 1—consumption, 17—convulsions, 1—croup, 5—debility, 1—diphtheria, 4—dropsy, 1—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 8—typhoid fever, 2—gastritis, 2—disease of the heart, 1—infantile disease, 5—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 8—marasmus, 2—measles, 2—old age, 3—paralysis, 1—phlebitis, 1—pleurisy, 1—prostatitis, 1—puerperal disease; 3—syphilis, 1—tonsillitis, 1—unknown, 5.

Under 5 years of age, 43—between 5 and 20 years, 17—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 13. Born in the United States, 71—Ireland, 23—other places, 9.

THE

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THE CONTAGIOUSNESS OF CHOLERA.

[Read before the Massachusetts Medical Society, June, 1867, and communicated for the Boston Medical and Surgical Journal.]

By HENRY G. CLARK, M.D., of Boston.

MR. PRESIDENT AND GENTLEMEN,—I purpose to consider to-day, as well as I can in the brief space I feel at liberty to occupy, the subject of *the Contagiousness of Cholera.* It is almost unnecessary to say in this presence, that the doctrine of the contagiousness of cholera has, of late, found a very considerable number of adherents (some of them ardent and able), and that the examples, or the arguments, of these enthusiastic, but as some of us believe mistaken advocates, have been sufficiently influential to give to it such a degree of credit or currency that, to a certain extent, it may be said to have become *fashionable.* It has, at the same time, been quite distinctly announced, by some of the advocates of this novel and hurtful doctrine of contagion, that all those who, in the absence of what they deemed to be good and sufficient evidence of its truth, declined to give it their adhesion and adopt it as their profession of faith, had fallen behind the progressive and scientific spirit of the age; and that, standing as they were on the quicksands of a blind unbelief, they, and their antiquated theories, must soon be swept away by the advancing tides of a more enlightened literature.

Among these unbelievers, after having, as I think, carefully taken such observations as have enabled me to estimate "the situation," and its difficulties and perils as well as its inherent solidity and strength, I must confess that I am, for one, quite content to stand.

I do not, of course, on this occasion, intend at all to enter upon a general discussion—for that is obviously impossible—but simply to make such suggestions as I hope may induce those who are still in *doubt* on so important a subject to examine for themselves the abundant evidence relating to it which is now accessible to the profession; and, if possible, to induce those who have adopted a belief which very many of the best men in this and other countries, most thoroughly acquainted with cholera, believe to be an error, and founded on insufficient reasoning and unproven premises to revise their opinions.

In order that there should be no misunderstanding in a case like the present, it is only right that the terms used should be exactly and clearly expressed. What, then, is "contagion"? It is defined by one of our best lexicographers* as "the communication of disease from one person to another by contact, direct or indirect; infection."

Dunglison says that the terms "contagion and infection are generally deemed synonymous." Such, however, I do not understand to be the generally received opinion in the profession. Contagion is best defined to be "that quality of disease by which it is capable of being communicated from one person to another by *actual contact*, or which may be caught by a *near approach*." *Infection* is that quality of disease by which it is capable of being transmitted, by *fomites*, or by means of clothing, rags, wool, &c., to long distances from the bodies of the sick, and which poisonous influences may be retained in them for a very considerable length of time. In *contagion*, the presence of the *person* is necessary, while in infection it is not.

Some contagious diseases, such as smallpox, are also infectious; others, such as parotitis and pertussis, are not. But infectious diseases, on the other hand, are not always contagious; yellow fever being a notable example.

The earlier advocates of the contagious properties of cholera did not hesitate honestly to use the word itself in the sense in which it is here explained, adding sometimes, also, a credence in its *infectious* qualities; but this plainness of speech, for some reason, has more recently fallen into disuse, and the more flexible words "communicable" and "communicability" are its substitutes. These were more generally applicable, and less easily brought within the well-defined limits assigned to the words "contagion," "contagiousness," "infection," &c., and may be made to convey, as might be convenient, a great variety of meanings; thus, for instance, an epidemic which prevailed successively in various places on great routes of travel, was said to have been "*communicated*," notwithstanding the fact that it often happened that the densely populated villages radiating from infected cities, and even *intermediate cities*, frequently escaped. By some, the disease was said to be communicable through the *respiration;* by others, through the *digestive organs*, and each experimenter—for many experiments were made by injecting the veins, the air-passages, and the stomachs of dogs by fluids from patients affected with cholera—proving his own theories, and, at the same time, effectually disproving the opposite theories of his rivals.

But, in the face of the astounding fact related of "Dr. Foy and ten others, at Warsaw, who *inoculated* themselves with the blood of cholera patients, tasted their dejections, and inhaled their breath, without receiving the disease," we may safely say that the experiments of Drs. Snow and Pettenkofer only prove, what everybody knew before, that drinking of dirty water and breathing of a foul air would be the most likely means to produce cholera, in a choleraic season, in those who were thus exposed.

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* Webster, 4to, loc. cit.

The most remarkable position, however, now taken with pretty general unanimity is, that in whatever mode the *materies morbi* finds its way into the body, the most efficient cause is found in the choleraic dejections themselves. On this they are agreed; but they say, when confronted with all the facts which abound everywhere, of constant and continuous exposure, and especially with such as that related of Dr. Foy, "that the dejections themselves are not poisonous *until they have become by time and exposure partially decomposed*"! One would imagine—if all these disagreeable conditions must be complied with in order that cholera should be communicated, and when coupled with the other aphorism (which some have promulgated) that "no new cases originate unless from some other case"—it would spontaneously die out and disappear! But such facts fade into insignificance when we consider, as well stated by a distinguished surgeon of the East India Company, "1, That the great numbers attacked *simultaneously*, and who had previously had *no* intercourse with the sick, cannot be accounted for except by supposing the disease to be *simply epidemic;* and, 2, The general exemption from the disease of medical and other attendants on cholera cases."

In the opinion that Asiatic cholera is non-contagious we have the almost unanimous concurrence of the East India surgeons, who always see it. We have also the often deliberately expressed judgment of the General Board of Health of Great Britain. In this connection, the resolution passed by the Westminster Medical Society (a most competent body) is worth quoting. Dr. Granville moving, and Dr. James Johnson seconding the resolution, it was, after the preamble stating the time, &c., devoted to the consideration of the subject, passed in the following words:—"In the opinion of the Society, the evidence brought forward to prove the said malady to be a contagious disease has signally failed; and that *every circumstance* which has come to the knowledge of the Society shows the disease to have begun, progressed, and ended in the ordinary way of every epidemic disorder."

This opinion is confirmed and repeated by the experience of the epidemic of 1854. Dr. Sutherland, one of the Board, says:—"*I look upon the evidence of the non-contagious character of cholera to be perfectly conclusive.*"

The physicians at Moscow and St. Petersburgh generally subscribe to the same opinion. Of that of the Consulting Physicians of this city I need not speak, as it is well known.

Dr. Jacob Bigelow, for many years one of the Consulting Board, and whose opinion will, I know, have with you the great weight which should be accorded to the wisest of us all, writes as follows, and the extract contains within itself a whole volume of wisdom:—"No country, I believe, has succeeded in keeping out cholera by quarantine, and no country, as far as we know, can produce it artificially, or retain it after the predisposition has disappeared. In its own time it moves on thoroughfares where men are travelling, and spreads in cities where they are stationary, *for no better reason known* than that mankind are its necessary food, and that where there are no people there can be no cholera. But why of two frequented roads or cities it selects one and avoids the other, investigators have not yet been able to satisfy us."

In the uncontradicted statements that cases of cholera have occasionally occurred at the South all winter—in its late fatal loiterings here the last season—in the simultaneous announcements to-day of cases on the Mississippi, in London, and at Paris, we may see the foreshadowing of the pestilence, which, at these distant outposts of observation, gives us the necessary timely warning. It seems to be, then, peculiarly appropriate that we should now turn our attention to this doctrine, because a belief in the doctrine of contagion will do much towards retrograding us to the obsolete systems of quarantine.

When the members of the medical profession, as a body, and with them most heartily many non-medical sanitarians, have been making the most strenuous and energetic efforts to mitigate the costliness and hardships of quarantine, this unnecessary recurrence to the idea of contagion of course goes far to encourage the restoration of an evil we have all along been so anxiously striving to be rid of; and to prevent us from reducing it to the milder forms in which it would only be likely to exist under the requirements of modern sanitary law.

By whom has this retrograde movement been inaugurated and promoted? As in all the former history of sanitary cordons, and of rigid and useless quarantines, in times past; very much by the prejudices of non-professional functionaries—who, only taking counsel of their fears, or, perhaps, misled by their interests, have used official power ignorantly or mischievously.

Consular agents and secretaries of state, as such, know nothing of sanitary laws; and they take unwarrantable liberties in professional matters when they undertake to advise for or against quarantines.

To conclude, in the words of the distinguished East India surgeon whom I have already quoted, "It is by *both* houses conceded that *if* cholera *is contagious*, the most rigid quarantines that sagacity and experience can devise, and firmness enforce, are imperatively demanded for the protection of populations; and, that if, on the other hand, it *is not* contagious, such quarantines are not only useless but infinitely pernicious, by their tendency to plunge in extreme misery the hundreds of families and thousands of individuals who are dependent upon the commerce they suddenly blockade, and the labor they suddenly discharge; and so to encourage those conditions which most potently invite the disease, while, at the same time, they frighten off the humaner agencies which alone can prevent, conquer, or mitigate it; therefore, we prefer to take this question sharply by the throat, and to declare our positive conclusion, deliberately reached, through careful examination and comparison of all the evidence brought forward on both sides, as well as from unusual opportunities in the very laboratories and hot-beds of this atmospheric poison, that not a single case—well attested, and clearly, completely demonstrated—of cholera transmitted by *contact alone* with the *person, clothing, excretions* or *effluvia* of *another case, has ever yet been cited;* and this we say in the full knowledge of all the *quasi* 'facts and proofs' elaborated by the glorious minority of contagionists, whose doctrine manifestly tends, first, to make victims, and then, to leave them prostrate and unbefriended—for *panic nurses cholera,* and THE DOCTRINE OF CONTAGION PATRONIZES PANIC."

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 503.]

RUPIA.

THIS cutaneous affection is directly *germain* to ecthyma. By some writers it is viewed as simply a variety of it. Whatever shade of opinion may prevail upon the subject, it seems evident, as we study the two maladies, that there is a very intimate pathological alliance between them. In addition, however, to what has been offered with regard to ecthyma, there are a few points which merit consideration as exclusively pertinent to *rupia,* of which there are two varieties—rupia *simplex* and rupia *prominens*—according to the severity of the disease and the form and thickness of the crust. The simplest form of the eruption commences by the development of a bulla or tubercle, which varies in size, and is filled with a nearly transparent, serous fluid, which very soon loses its hyaline character by being mixed with sanious or purulent matter. This concretes and hardens into a thick, dark-brown and rough crust, resembling that of ecthyma of the severer form, and remains adherent to the derma for an indefinite period, unless removed by artificial means. When the incrustation is cast off, a foul and sometimes quite a deep ulcer is brought to view. In young children, the legs, arms, and the scalp are the situations usually occupied by the eruption. At this period of life it produces severe constitutional disturbance, and is associated in most cases with an extremely bad condition of the system. It sometimes appears after an attack of scarlet fever or typhus fever, or other exhausting diseases. These produce what is termed a cachectic state of the economy, and under these circumstances the patient becomes an easy prey to the ravages of the rupial affection. There is in some cases only one single specimen, as upon the nose, or the chin, or about the knee-joint. But in most instances, the eruption appears in clusters and in successive crops, and which cover a space varying from a few lines to an inch in diameter; and in some cases the crusts enclose an area of several inches in diameter. They are circular in form, and, when the ulcerated surface beneath them is exposed, it appears as if cut or scooped with a punch, and a dark-red zone encircles the sore.

The period of time during which the tubercle continues before suppuration takes place, varies in different cases. Sometimes it occurs in a few days; at other times it is delayed to several weeks or even months, as if the morbid process during all this interval was suspended or at rest. It is seldom that much pain is experienced from them, or that the periosteum or bone is affected, unless the ulcer is situated where the integument is thin, as upon the scalp or the front of the tibia. The character of the ulcers differs somewhat according to the length of time they have been covered by the crusts. Sometimes they are shallow, with a smooth, shining surface; sometimes quite deep, with a slough at their base, and the ulcerative action works its way beneath the skin for quite a distance beyond the apparent limits of the sores. When the disease attacks the nose, it occasionally destroys a considerable portion of the alæ and adjacent parts, which are covered by the thick incrustations before the full extent of the mischief is scarcely suspected. When the crusts have been removed, the ulcerated surfaces are apt to bleed upon the slightest touch in dressing them, unless this is done in the most delicate manner.

The discharge is rarely pure pus, but an admixture of sero-sanguineous fluid, with more or less purulent matter. In very mild cases, the ulcers have been known to heal in a few days, but this is the exception to the general rule. New incrustations are formed every few weeks by the drying up of the secretion upon the surface of the ulcer; and thus a succession of crusts is kept up for a long time. These crusts are thicker in the middle than at the circumference, and, when large, they have not inaptly been compared to an oyster-shell or limpet-shell. When the ulcers finally heal, they leave behind them a dark-brown stain or lividity of the skin, which remains for many months before it is entirely effaced.

Rupia Prominens derives its name from the fact that it projects out from the skin on which it is seated to a greater or less extent—varying from two or three lines to more than a whole inch, and the same in diameter. The eruption is developed upon the face, the trunk of the body, and the extremities. In a majority of subjects, the tubercles are few in number, but large; the secretion is usually abundant, thick and black; hence the crusts are particularly large, well-marked, conical, and prominent, as the name sufficiently indicates. They increase in size by the process of accretion, which takes place at the base, in consequence of the slow successive effusions of the bloody, sero-purulent matter which raises the cuticle and desiccates in concentric layers or rings; and thus the incrustation augments, both in circumference and length, so that the portion which was at first the base of the cone becomes at last its apex. The cone itself is hollow. The largest specimens, if left undisturbed, usually appear on the integument covering the side of the chin. They are deeply set and generally very adherent. There is always a delicate red erythematous band or areola encircling the margin of the ulcer. Sometimes the eruption is confined to one locality, as the forehead, the inner aspect of the knees, or the thighs immediately above the knees, the wrists, or about the elbow-joints. In other instances, and where the pyogenic diathesis has existed for a long period, these formations arise in great profusion, almost entirely covering the face, neck, arms and legs; and in one instance within our observation, all the joints of the thumb and fingers of both hands were occupied by them.

Where the general health of the patient is greatly impaired, as, for instance, from a long protracted duration of constitutional syphilis, it is no uncommon thing to find a series of these productions in every stage of their development—some at their maturity, some on the decline, and some just beginning to appear.

The *diagnosis* of rupia is rarely attended with any difficulty. It is true, as has already been seen, that it possesses many features in common with ecthyma, and this is the only cutaneous affection to which it sustains a very near resemblance. And as regards the treatment, no practical disadvantage can arise, whether the practitioner should consider a given case as an ecthyma or rupia.

We have seen, also, that the eruption now under review is produced by great constitutional debility, and that the chief cause of this debility, in a great majority of instances, is constitutional syphilis.

Treatment of Rupia.—In all forms and stages of the disease, the constitutional treatment is of the greatest importance. Debility is always a predominant symptom, and we may at once commence with tonics. In young subjects, the syrup of the iodide of iron, in doses adapted to the age of the patient, is appropriate; and the tincture of the chloride of iron, in syrup of ginger and water, the iodide of potassium, quinine, and cod-liver oil, will also be requisite as remedial agents in restoring the patient to a comfortable state of health. The advantages of nutritious food, warm clothing, good air, cleanliness, are not to be forgotten or omitted at any time during the administration of medicines.

With regard to local measures, the first thing to be accomplished is the removal of the scabs. Poultices, fomentations and warm alkaline baths will accomplish this; and the exposed ulcerated surfaces are at once to be dressed with stimulating applications. These may consist either of lotions or ointments. Of the former, the black wash, the yellow wash, a solution of the chlorate of potash of varied strength, a solution of the tartrate of iron and potassium, six or eight grains to the ounce of water, should be used. These are all stimulating in their action upon the indolent ulcers, and are suited to patients of any age. In some cases, where the diseased surface is very extensive and the foregoing applications fail to produce the desired improvement, the ulcer may be touched with either of the following lotions:—℞. Hydrarg. pernitratis, ʒ ss.; aquæ fontanæ, ℥ iij. M. To be applied lightly every day by means of a soft camel's-hair pencil. Or a saturated solution of the nitrate of potash may be used twice a day upon the most indolent sores, which may be covered afterwards with an ointment of the nitric oxide of mercury—one scruple to the ounce of simple cerate. No ointment is superior to this for general use. A slight sprinkling of pulverized chlorate of potash upon the ulcers every day for a few times will often bring forward healthy granulations. A like effect will also be produced by cream of tartar used in the same way.

The general and local treatment for adults is to be conducted, of course, on the same principles as for younger subjects; the only difference required being in the more energetic style or method as regards both constitutional and topical remedies.

[To be continued.]

Bibliographical Notices.

Plastics: a new Classification and a brief Exposition of Plastic Surgery. A re-print from a Report in the Transactions of the Illinois State Medical Society for 1867. By DAVID PRINCE, M.D. Philadelphia: Lindsay & Blakiston. 1868. Pp. 93.

ALTHOUGH the title would seem to indicate that this volume covered the whole ground of plastic surgery, it makes no pretension of discussing many of the most important operations which belong to the subject, and even in the details of those treated of is far from being complete. Its pages present nothing which is novel, and the originality of the classification, to which the writer calls attention in his preface, is not apparent to us. It is hardly necessary, therefore, to occupy our space in pointing out the merits or demerits of this book. The operations which it describes belong to a class not characterized by circumstances of emergency, and not generally undertaken by any but professed surgeons. No surgical procedures exact or obtain more forethought and contemplation before performance; and the teachings of the essay in question are not possessed of a special significance which requires that the attention of surgeons should be more particularly called to them.

The Principles and Practice of Laryngoscopy and Rhinoscopy in Disease of the Throat and Nasal Passages. Designed for the use of Physicians and Students. By ANTOINE RUPPANER, M.D., M.A., &c. New York: A. Simpson & Co. 1868.

WE have before us a book entitled "The Principles and Practice of Laryngoscopy and Rhinoscopy." It seems to be made up of matter communicated lately to the *New York Medical Journal*, put hastily into book-form, and is designed, as the author informs us in the preface, for the "busy practitioner and the inexperienced student."

The book consists of 150 pages of reading matter. Of these 150 pages, "The Principles and Practice of Rhinoscopy" have allotted to them the munificent sum of 11 pages. The author seems to have depended very much upon Türck and Mackenzie for his material in the part upon Rhinoscopy, altering the language of the latter, for reasons best known to himself. To give one example of several:—

MACKENZIE, p. 155.	RUPPANER, p. 56–7.
"Though of comparatively limited and rather difficult application, the art of Rhinoscopy proves useful in cases of obstruction of the nasal passages by polypi or thickened mucous membrane, in that most troublesome affection ozœna, and in various forms of ulceration of the hard and soft parts at the back of the nose," &c.	"Though rather difficult of application and limited in extent, very valuable information may sometimes be obtained by rhinoscopy in cases of ozœna, the various forms of ulceration of the hard and soft parts at the back of the nose, in obstructions of the nasal passages by polypi or thickened mucous membrane," &c.

As far as our acquaintance with other treatises on laryngoscopy extends, the anatomy of the larynx has received careful consideration therein. But Dr. Ruppaner considers it "unnecessary to introduce the subject," except to a limited extent, because a description of the larynx, &c., can be found in works on anatomy. We accordingly find, devoted to the anatomy of this organ, two pages, one of which—page 33—is occupied with wood-cuts, and their explanations carelessly transcribed from Türck, while the other is made up of matter wrongly quoted from Gibb. In Chapter I., the author deprecates the controversy as to the claim of priority in the art of laryngoscopy, and immediately glides into the discussion of that very question, occupying therewith *five pages*; and this, when, in the Preface, he claims to have eschewed everything "not having a practical bearing upon the subject."

These are some of the faults in the general division of the book. In the portions devoted to instruction on special points, the faults are still more grave.

In Chapter II., Section I., we read that laryngeal mirrors vary in size, the choice depending upon the condition of the person to be examined. Are the mirrors one, two, or three inches in diameter? And what is the "condition" which modifies the choice? It is not intimated that the representation of mirrors in Figure I. are of natural size. On page 17, also, we are informed, with regard to the reflector, that it is of varying diameter. On page 20, in the description of Türck's reflector, which Prof. T. designed with an express view to its stability upon the forehead, Dr. Ruppaner says that the saddle, marked *d*, is intended to be placed "at the apex of the nose." Our readers can imagine the stability of an instrument placed in this position.

Türck himself says that this saddle is intended for the *root* of the nose (Nasenwurzel).

On page 23, we are told that the flame of the lamp is to be at a given distance behind the ear of the patient, when the reflector is 6½ inches in diameter. A reflector of this size is never used in laryngoscopy. It would cover the whole face of the observer. Türck recommends a reflector of 3½ inches, and Tobold one of about 3 inches. In connection with this point, Dr. Ruppaner says, that in proportion as the diameter of the reflector is increased, "the lamp must be moved further back"; so that a larger reflector is sometimes used! This latter statement with regard to the lamp, moreover, is entirely incorrect. It is the focal distance of the reflector, and not its diameter, which governs this matter. With regard to the proper focal distance of the reflector, not a word is said in the whole book. Dr Ruppaner possibly thinks that it "varies"; which, perhaps, cannot be denied.

Section II. is headed "Direct Laryngoscopic Examinations," and the author commences at once to describe the method of examination by *indirect*, or reflected, artificial light; and in the entire section there is not a word about direct examination. Indeed, nowhere in the book is there more than a cursory allusion (on p. 15) to a method of examination preferred, by many laryngoscopists, to that by reflected light.

In this Section, p. 26, we are told that when reflected "artificial light is employed, it is stationed to the right, and somewhat in front of, the patient." On page 18, and again on page 23, we had been told that the lamp is to be placed *behind*, and on the right of, the patient.

On page 27, we read that "intensity of light is gained" by making the examination through the central perforation in the reflector. We had already been informed, on pp. 17–18, that the mirror placed before the eye did *not* yield superior results.

The representation, on p. 30, of the method of holding the laryngeal mirror, with the index finger held high in the air, suggests, vividly, the presence of a felon or *run-round* on that finger, preventing its being brought into use. In Türck, p. 52, and in Tobold, p. 19 (these two gentlemen Dr. Ruppaner claims as his preceptors), the index finger is represented as being in close proximity with the stem of the mirror.

On page 34, in transcribing from Gibb the order of the parts of the throat as seen in the mirror, Dr. Ruppaner makes the whole matter ridiculous by using the word "larynx" instead of "pharynx," as it appears in Gibb. Dr. R. also, following Gibb, calls the vocal cords the glottis. A few lines later, the glottis is called an "opening," while on p. 38 we read about the "surface of the glottis."

On the same page, the experimenter is advised to request the patient to pronounce the "German diphthong æ." It occurs to us that "the inexperienced student," for whom the book is designed, might not be acquainted with the proper pronunciation of this German diphthong.

On page 43, in describing the auto-laryngoscopic apparatus of Czermak, there occurs a bungling transcription of a passage in Gibb, already sufficiently obscure, by which the description is made absurd. The word "him," which, as it reads, refers to "the experimenter," should be *them*, referring to the "rays" of light. We need waste little comment on such faults; they are quite inexcusable, inasmuch as the student is liable to be led astray in the very commencement of his study.

Less pernicious, though no less noticeable, are the badly formed and obscure passages which are scattered all through the book. The author violates the common principles of the English language on nearly every page. His sentences are long and complicated, and bury up the original starting point, by involving new subjects and new nominatives. Occasionally, a sentence is commenced and then abruptly broken off, without being finished. Of this latter species of fault, examples may be found on page 3—"Although Bennati," &c.; and on page 49, first paragraph.

Long and dreary sentences, of 10, 12, 14 and 16 lines, without a full stop till their close, occur constantly. One of 18 lines, on page 81, commencing "The inhalation," is quite a literary curiosity. On page 18, also, is a long and badly formed sentence, in which the "sun" is referred to by a pronoun of the neuter gender once and by one of the masculine gender twice.

Examples of the bad choice of words, errors in orthography, in punctuation, &c., are seen everywhere through the book. On page 18, the author says that "sunlight can be supplied for this purpose" [laryngoscopy]; but he does not add where one may leave his orders. On page 33, the German word Rand is badly translated "extremity." On page 69, the author speaks of "a large, full-bellied squirrel's hair brush"; as if a brush from the hair of a squirrel which was not full-bellied would not answer the same purpose. On page 85, the word "vertical" is used where horizontal is meant. On 119 occurs the phrase, "This process of procedure." On page 135, the author speaks of singing "first single notes," whatever they may be. But we cannot find space even to point out the numerous faults of this kind. On page 10 we read:—"One and all, so many attempts to make the most simple, practical instrument complicated, they have failed." We are tempted to add—One and all, so many attempts to make the English language complicated, they have succeeded.

We must not forget to notice an assertion, on page 115, that "Prof. Türck's instruments are brought to the notice of the profession for the first time in this book, except in the original edition of Prof. T.'s work." This statement is, simply, *not true.* If our readers will turn to the files of the *Allgemeine Wiene Zeitung* for 1864, '65 and '66, they will find representations of these very instruments. In 1864, on page 154, is the porte-caustique; on page 254 is the reflector; on page 345, the sponge-carrier and the laryngeal pincers. Of the other instruments of Prof. T., a large majority, perhaps all, may be found in the files of 1865 on pp. 82 and 234, and in those of 1866 on pp. 82, 121 and 198.

We stop special criticism here for want of space, and not for want of opportunity.

For the purpose for which the book was designed, it bears very unfavorable comparison with Mackenzie's work on the same subject. It is, in its purely didactic portions, less a record of the author's experience than a compilation from other authors; both the translations and the transcriptions being, in various ways, faulty. This may serve to explain some of the author's contradictions. We are not, however, left without some modest information as to the amount of the author's experience, for on pp. 21 and 25 we learn that he has employed laryngoscopic instruments, daily, for a long time; on p. 35, that he has examined a very large number of cases for several years (two years, as appears on p. 61), and, on p. 40, that the patients he has examined number hundreds.

Finally, we advise "the inexperienced student and the busy practitioner" to possess themselves rather of Mackenzie's work, the American edition of which has been accessible for over three years. It is not true, therefore, as stated by Dr Ruppaner in his preface, that a want of a treatise on laryngoscopy has long been felt.

The greater part of the wood-cuts in the book were furnished, as we learn from the preface, by Messrs. Otto & Reynders, instrument makers. Under these circumstances, therefore, it is natural that Dr. Ruppaner should "bear willing testimony" to the "ability" of this firm.

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A Practical Treatise on Shock after Surgical Operations and Injuries, with special reference to Shock caused by Railway Accidents. By Edwin Morris, M.D., F.R.C.S., Surgeon to the Spalding Dispensary, &c. Philadelphia: J. B. Lippincott. 1868. Pp. 89.

Here we have a small volume which cannot be said to add to our knowledge of the subject on which it is written. Indeed, the author says that when he has studied shock further he hopes to treat of it more fully. It would appear as if, at the present time, the writer had had two special objects in view: the one to act as an advocate in behalf of railroads against those who claim damages for injuries to the nervous system produced by accidents; and the other to severely criticize Mr. Erichsen and his essay on "Railway and other Injnries of the Nervous System." The most interesting feature of Mr. Morris's book is the following remarkable statistics of the sums paid as compensation for personal injuries to passengers by the railway companies of Great Britain in 1865, and which certainly show that railway directors in this country have a much safer occupation than their English contemporaries, even if the same cannot be said of their travelling patrons:—Caledonian, £12,849; Great Eastern, £21,996; Great Northern, £22,387*; Great Western, £40,061; Lincolnshire and Yorkshire, £24,708; London and Northwestern, £30,728; London and Southwestern, £25,000*; London, Brighton, South Coast, £4,504; Manchester, Sheffield and Lincolnshire, £6,483; Midland, £25,958; Northeastern, £14,355*; North British, £4,621; Southeastern, £70,726.

(In those marked with an asterisk, the sum includes the amount paid for the damage and loss of goods.)

In a recent case of sudden death during a surgical operation in the City Hospital, Louisville, Ky., the verdict of the jury was that the patient died from the effects of chloroform administered for surgical purposes, and that no blame was to be attached to those who administered it.

Massachusetts General Hospital.

[Surgical Operations for the weeks ending January 11th and 18th. Reported by C. B. Porter, M.D.]

1. *Ligature of External Iliac Artery.* By Dr. H. J. Bigelow.—Patient, apparently a healthy man, without known cause, on the 10th of December experienced pain in the right groin, followed, on the 13th, by paralysis of sensation of the anterior of the leg to just above the patella. On the 20th, a small, pulsating tumor was discovered just below the groin. This was examined by several medical gentlemen, after which, as the patient states, the tumor suddenly and notably increased, becoming also painful. Upon entrance into the hospital, the tumor occupied the whole of Scarpa's triangle, rising, also, about an inch beneath Poupart's ligament into the cavity of the abdomen. At the time of entrance to hospital, the diseased thigh measured, a little below Poupart's ligament, 22 inches in circumference, the sound one measuring 16. At the date of the operation, five days later, it had increased two inches, measuring then 24, the tumor pulsating everywhere heavily. The iliac artery could be distinguished about one and a half inches above Poupart's ligament, emerging from the tumor, and larger than that of the other side. *Operation.*—An incision was made, about three inches long, about half an inch above Poupart's ligament, and extending beyond the crest of the ilium, in order to get beneath the peritoneum at a point well to the outside of the tumor. The integument and muscles being divided and the fat reached, the latter was torn up with the peritoneum as far as the track of the external iliac artery. As sometimes happens, the latter was raised with the peritoneum, and was therefore found upon the anterior wall of the cavity. A needle was passed round it, and it was tied with a single strand of saddler's silk. Some little difficulty was experienced in securing a vessel, apparently a vein, near the crest of the ilium, after which the wound was brought together by sutures.

2. *Amputation of Arm.* By Dr. S. Cabot.—This lad, aged 14, had, an hour before, had his arm caught between the bunters of steam-cars, and the forearm and arm, to the junction of the middle and upper thirds, had been so extensively crushed as to be only a mass of torn and bleeding fragments. The arm was amputated a few inches from the shoulder-joint, by the circular method.

3. *Tumor of Neck.* By Dr. R. M. Hodges.—This patient, a middle-aged woman, fourteen months previous, had noticed a small tumor, situated a little below the angle of the lower jaw. It was then very small, and for some time only occasionally attracting her attention, hard and movable. For some months past it has rapidly increased, and is now the size of a small orange, round and tense, the skin not reddened nor adherent, and the tumor movable and painless; to the touch, evidently fluid. A curved incision, three inches in length, was made through the integument, and the sac of the tumor was exposed. This was punctured, and the contents proved to be pus. The sac, which was strongly adherent to the surrounding parts, as was to be expected when its contents were proved to be pus, was entirely removed, but required a careful dissection, owing to its adherence to important parts beneath. The wound was closed by sutures.

4. *Tumor of Breast.* By Dr. H. J. Bigelow.—Mrs. ——, aged 47,

had accidentally discovered, three years before, a small tumor underneath the left nipple. It was quite small. As it gave her no trouble, it excited no alarm at that time. Within the past year and a half, it has increased quite rapidly, until now it is about the size of a hen's egg, and has been the seat of pain. The nipple is strongly retracted, so as to be nearly buried beneath the surrounding skin. There is no hereditary tendency to cancer. The tumor, with the breast, was excised. There was free hæmorrhage from numerous points, but no ligatures were applied, the hæmorrhage being entirely controlled by torsion of the bleeding vessels. The glands in the vicinity were not involved. Upon section, and under the microscope, the tumor proved to be scirrhus. The mass of fat removed was large, but the breast proved to be small, being transformed into a small, thin disk of scirrhus in the centre of the fat.

5. *Harelip.* By Dr. S. Cabot.—The subject of this operation, a child 22 months old, had an extensive fissure through the lip on the left side, involving the palate; the intermaxillary did not protrude. The flaps, being freely dissected up from beneath, their edges were pared and brought together by sutures, one pin being introduced at the upper margin of the fissure.

6. *Lipoma of Back.* By Dr. H. J. Bigelow.—This patient, aged 43, noticed, three years ago, a small tumor in the back of the neck, which had been growing gradually up to the time of operation, and reached the size of a small cocoa-nut. It was situated at the junction of the cervical and dorsal regions, between the spine of the scapula and the vertebral column, over the trapezius muscle, to which the tumor proved to be adherent. Before the operation, Dr. Bigelow remarked upon the small size of the lobes of fatty tumors situated near the ligamentum nuchæ, and their close adhesion to the surrounding tissues—a remark which the dissection in this case fully justified.

7. *Fistula in Ano.* By Dr. H. J. Bigelow.—This young woman, aged 26 years, otherwise in a healthy condition, had suffered from fistula in ano for nine years, abscesses having formed without known cause in the left ischio-rectal fossa and opened just outside the margin of the anus. Numerous sinuses had remained open since, communicating with the rectum, which were freely laid open.

8. *Amputation of Toes.* By Dr. S. Cabot.—This man had had his leg amputated ten years previous, and was now suffering from gangrene of the toes of the remaining foot, following frost-bite during exposure one month previous. The great toe and two smaller toes next it were amputated.

9. *Lipoma of Shoulder.* By Dr. S. Cabot.—This patient was a married woman, aged 43. The tumor, of three years' growth, which was large and expanded, was situated upon the right shoulder, extending downwards to a level with the third rib and forwards to within one and a half inch of the median line, backwards to the spine of the scapula, overlying the supra-spinous fossa, and outwards to an inch below the acromion, painless, but causing great inconvenience by its size and weight. It was lobulated, soft and doughy to the touch. A curved incision, about four inches in length, was made over the tumor, which was easily dissected from its bed, and with little hæmorrhage, only a few vessels requiring ligature. The three cases of lipoma reported in this article were all developed in regions very com-

monly the seat of this growth—viz., neck, shoulder and back; they were all painless, soft, doughy to the touch, with the small lobes easily detected at their margins.

10. *Amputation of Leg.* By Dr. H. J. Bigelow.—This was a rare and interesting case of spontaneous gangrene of the foot, commonly known as senile gangrene, having developed itself in an otherwise healthy, robust young woman, with no apparent or assignable cause known to herself or others. The patient was married two months ago. She was attacked, the next day, with severe pain in the right foot, where a dark-colored spot soon showed itself. In about a fortnight the whole foot had become gangrenous, the line of demarcation being just below the malleoli, a superficial fissure separated the dry, gangrenous part below from the sound tissues above. The leg was amputated at its lower third, by the circular method.

11. *Nævus.* By Dr. S. Cabot.—This infant, aged ten weeks, had a nævus, about as large as a hickory nut, just below the eye on the side of the nose. It was tied by a double ligature, a sulcus being made by the knife around the tumor for the ligatures to lie in.

12. *Lipoma of Back.* By Dr. H. J. Bigelow.—This tumor, in a female aged 15, was congenital, and situated just below the inferior angle of the scapula on the right side, extending forwards towards the axilla and downwards to the lumbar region, measuring fourteen inches at its base, painless. A curved incision, a few inches in length, was made over it, and it was easily enucleated by a few strokes of the scalpel. There was very little hæmorrhage.

13. *Perineal Section.* By Dr. S. Cabot.—This patient, a middle-aged man, had been suffering from traumatic stricture of urethra for fifteen months. He was in the cavalry service through the war, and during a retreat his horse fell with him and upon him. He was taken prisoner, and sent to Belle Isle. His injury was followed by extensive swellings in the thighs, perinæum and pubic region, but no abscess formed at that time. Months afterward, he had retention of urine, followed by abscesses in the perinæum and scrotum, terminating in urinary fistulæ. His urine passes principally through these, the urethra admitting not even a capillary bougie. The first stricture was just anterior to the scrotum, and there was another behind the scrotum which was impervious to instruments, but through which the urine slowly dribbled, the whole urethra being excessively sensitive. The patient being etherized and the parts relaxed, a small grooved director was passed into the bladder, the first instrument which it had been possible to introduce. Perineal section was then performed.

14. *Caries of Ribs.* By Dr. H. J. Bigelow.—An elderly man, two years ago, had had typhoid fever, followed by an abscess in the right hypochondriac region, which opened spontaneously. The resulting sinus was found to communicate with disease of the ribs. By careful dissection, the sinuses were laid open and the diseased cartilage exposed. This was carefully separated from the subjacent pleura and removed to the extent of about an inch. The edge of a neighboring rib was also pared, the whole of the disease being thus removed.

15. *Plastic of Stump.* By Dr. S. Cabot.—This young woman, a few months before, for an anchylosis of the knee-joint, had undergone amputation of the leg just above the knee. The soft parts covering the bone seemed tense, and there was an indolent superficial ulcer.

The posterior flap being quite abundant, it was thought best to dissect the soft parts from the ends of the bones, and after excising the diseased part to plant the posterior flap further forward to supply the place of the part excised.

16. *Amputation of both Legs.* By Dr. H. J. Bigelow.—A little girl, aged 6 years, had been run over by a heavy express wagon, which rendered amputation of both legs necessary at about an inch below the knee-joint.

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BOSTON: THURSDAY, JANUARY 23, 1868.

NEW WAY OF MANAGING SHOULDER PRESENTATIONS.

Every practitioner in midwifery is aware that few of the malpresentations of the fœtus are attended with so much danger to the mother and child as those of the shoulder or arm. Occurring in a case where the liquor amnii has escaped, they are among the most difficult accidents to rescue the mother from, that ever present themselves to the accoucheur. The mortality where the delivery has been accomplished by the unaided efforts of the uterus is very great, and the labor is a long, very painful and dangerous one to the mother. Out of one hundred and thirty-seven children born in this way, according to Velpeau's statistics, one hundred and twenty-five were stillborn. Delivery by turning, therefore, has been the general rule of practice in these cases; but the accomplishment even of this is often very difficult and dangerous.

Dr. Edwin R. Maxson has proposed, in the *Medical and Surgical Reporter*, a new method of managing these cases that is worth the attention of all accoucheurs, which consists in the employment of Dr. T. Gaillard Thomas's postural treatment of prolapse of the umbilical cord. The cases reported by him are entirely satisfactory, so far as they go, and it is with the hope of bringing it more generally to the notice of our professional brethren that we are induced to copy a large part of Dr. Maxson's paper here.

Dr. Maxson, it seems, was consulted, in January, 1863. by a short, thick-set, robust woman, with reference to her approaching confinement, about which she felt much solicitation, as in her three previous labors the shoulder presented, and all of the children were born dead, after the operation of turning. The Doctor said all he could to encourage her, and waited the course of events. In the meantime another case prepared the way for a happy issue to the expected labor.

> Soon after this I was called by an eminent practitioner, in consultation, in the case of a *prolapsed cord*, in a first confinement, there being also an *abdominal presentation*, of course, very high. The patient had been in labor five hours, and the membranes had been ruptured three hours, most of the water having drained off. To reduce or replace the cord, in this case, I placed the woman in the position first suggested, I believe, by Dr. T. G. Thomas, of New York; that is, upon her knees, with her face and shoulders down. In this position I very soon succeeded in passing the cord back into the uterine cavity. In fact, it readily slipped back, with the aid of very slight manipulations. But what impressed me most in this case was the fact that the position of the patient, during the replace-

ment of the cord, had corrected the presentation, rendering it perfectly natural. I say the position of the patient did this, from the fact that the manipulation I resorted to, in putting back the cord, was so very slight, that I regarded the position of the patient, alone, as the cause of the very desirable result. I jogged the hips a little, however, which may have had a slight influence in correcting the presentation of the fœtus, as well as in the replacement of the cord. The labor progressed naturally thereafter, as I learned, though the child was still-born, perhaps on account of the *time* the cord had been prolapsed.

I did not take to myself any credit for the correction of the presentation, in this case, as it was accidental and unexpected, though we were not sorry for the result, and I treasured up the fact in my mind, as well as recorded it in my note-book, from which I now draw the main facts, being determined, if possible, to turn it to account sometime, which I did in the following case, already referred to. On the 6th of February following, the husband of the lady first named came, about 10 o'clock at night, saying that his wife was confined, and asked my attendance. But as I had been up for two or three nights, I advised him to call my medical friend already referred to, with whom I held consultation in the case of prolapsed cord, saying to him, that should any difficulty arise, I would see her with him. To this he assented, and I went to rest, feeling that she had fallen into good hands, let what would come of it.

About 2 o'clock in the morning I was called by the husband, saying, the doctor would like to see me, as there *was trouble.* The doctor informed me that he had a shoulder presentation, and that the water had drained off. I examined, and found as he had stated, the arm not being down. The doctor very properly suggested turning and delivery; but added, that as the child was evidently large, it would be lost as the others had been. On a little reflection, during which I called to mind the case of mal-position with prolapsed cord, which I had so recently succeeded in correcting mainly by *position*, I suggested the *possibility* of correcting the presentation in this case by position and gentle manipulation, to which the doctor assented, saying it would do no harm, but thought it would not be successful. But feeling, as I did, a little *special* responsibility in the case, on account of having been previously consulted by the lady, I resolved, with the doctor's consent, to make the effort, which I did in the following manner:

I had her get upon her knees, on pillows, upon the bed, so as to raise her hips up well from the bed, her chest and face lying flat upon the bed, fetching the back at an angle with it, of about forty-five degrees, the knees being a little apart; I then passed my hand, well smeared with lard, into the vagina, and with scarcely any effort, and without the least complaint or evidence of uneasiness on the part of the patient, crowded back, and, of course, *down*, in her position, the shoulder, and slipping my hand between the brim of the pelvis and the fœtal head, I spread out my fingers and brought or directed it, during a pain, to the superior strait; and then, retaining the grasp, we had her turn her hips down carefully upon her left side on the bed; when, after a pain or two, the head engaged in the superior strait, and we had a perfectly natural presentation, without having used the least violence, or apparently caused any pain or uneasiness to the patient; and all accomplished, I should judge, within from five to ten minutes.

The doctor being satisfied with the presentation, I left about 3 o'clock, A.M., and learned from him that the labor progressed favorably, and terminated at 9, A.M., or about six hours after I had left, the child being a fine plump boy, of ten pounds, alive and well.

Now, the ease with which the hand is passed into the vagina and uterus, with the patient in this position, is wonderful, and will surprise any one that has never made the effort.

I have delayed reporting this case, except in the Ontario County Medical Society, up to this time, thinking that other cases might present themselves to me whereby I might more fully test this method of proceeding in shoulder presentations. Such, however, has not been the case; and thinking possibly, that I might not meet with other cases, I concluded to thus make a plain statement of the facts which led me to this experiment; and also my firm conviction, from the result of this case, and from philosophic reasoning, that with this *position* there

> need generally be no difficulty in thus converting a *shoulder presentation* into a *natural* one, and that, too, without necessarily subjecting the woman to any danger, from the slight manipulation required, or to scarcely inconvenience even, thus rendering the life of both mother and child so much more secure than they can possibly be by turning and delivery in the usual way, however skilfully it may be performed. What I claim to have *discovered* in this method, is the availability of the position suggested by Dr. T. G. Thomas for replacement of the prolapsed cord, in the conversion of *shoulder* into *natural* presentations.
>
> It is not pretended that this can be accomplished in all stages of labor or conditions of the parts. But that in all *conditions* of the parts, and *stages* of labor, admitting of turning and delivery, the presentation may be thus corrected, with much less difficulty, and with far more *safety to mother and child.* In fact, no danger need be incurred in the effort required to thus correct a shoulder presentation, while, to say nothing of the danger of lacerating the uterus in turning, all obstetricians are aware of the danger attending cases in which the feet present or are brought down, as in turning, from pressure of the head on the umbilical vein and arteries, before its expulsion, producing, in many cases, the death of the child from apnœa. For the greater *safety of mother and child*, then, I suggest a trial of this course of proceeding in shoulder presentations. And while I do not believe it can be accomplished without the *position*, which really does most of it, I am confident, that with prudence and the exercise of common sense, no one need fail, with the aid of the position, in any case, stage or condition of labor, that would admit of turning and delivery. And though the cases referred to may not be sufficient to establish this course of proceeding in shoulder presentations, I do claim, that as the principles are purely philosophical, further *trial* is warranted, which may reject or establish the *rule.*

These two cases are hardly sufficient to generalize from, but the happy result in them cannot fail to lead to a repetition of Dr. Maxson's experiment by intelligent and conscientious practitioners before resorting to the doubtful operation of turning. It is quite probable that in some instances the uterine contractions may present a very serious obstacle to the change of position by the postural treatment. In such cases full anæsthesia could hardly fail to remove the difficulty, although under the circumstances of position it would add an element of difficulty to the operation.

Nitrous Oxide as an Anæsthetic in Surgery.—In the first number of the *Continental Gazette*, the new American newspaper just started in Paris, we find an account of the removal of a cancerous breast, by Dr. Marion Sims, in which nitrous oxide was used as the anæsthetic, with entire success. The patient was sixty years of age, rather stout, and of lymphatic temperament. Anæsthesia was produced in two minutes, and was kept up for sixteen minutes longer. In less than one minute after inhalation ceased, consciousness was complete. There was no nausea or vomiting. The account states that—

> After the patient was first made insensible, she was allowed to breathe some air with the gas, and was thus *returned to semi-consciousness*, and continued in this condition during the entire operation. She declared, after the operation, that while inhaling the gas, she could see Dr. Colton and Dr. Evans (who administered it), but felt no pain, though she experienced a kind of "pushing sensation."
>
> There were present to witness the operation Baron Larrey, Surgeon-in-chief to the Army; Sir Joseph Oliffe, physician to the British Embassy; Dr. Pratt; Dr. Vanzandt; Dr. Pope, of St. Louis; Dr. Stearns, of Boston, U. S.; and some others of note, all of whom united with Dr. Sims in expression of surprise and delight at the operations of this new anæsthetic agent. This was, perhaps, one of the operations where the patient was kept insensible for the greatest length of time with the gas, and it certainly proved eminently successful.

Some weeks since, we published a statement of Dr. Hingston, of Montreal, made at the International Medical Conference, and published in the *Union Médicale*, to the effect that the French Canadians consume large quantities of animal food, "two or three pounds of pork daily," and are much more healthy and vigorous than the English Canadians, the latter being much more subject to pulmonary diseases, while among the former diseases of the digestive organs predominate. The *Canada Medical Journal* contradicts this statement in most positive terms, and says:—

> Comment on this point is unnecessary, as those acquainted with the facts as they stand are fully aware that the Canadian population of English, Irish, and Scotch descent are universally superior in physique and appearance to those of their French Canadian fellow colonists. We cannot agree with the Doctor in the other point at issue, viz., that pulmonary diseases are more frequent among the British and less so among the French population, as from experience we hold that diseases of the lungs are quite as prevalent with the one class as with the other. We only refer to this subject because we cannot allow a question having such important bearings on the salubrious character of our country to go unchallenged.

A Hard Case.—A recent paper by Professor Laycock, on Jury Trials and Insanity, published in the *Edinburgh Medical Journal*, contains the following:—

> Dr. Henry Pearson, a medical practitioner at Ely, was tried at the Cambridge Assizes in March last, on a charge of feloniously poisoning, by means of strychnine, two valuable horses, and convicted. No motive for the crime was discovered. In a letter published in the *British Medical Journal* for 7th of December, Dr. G. B. Mead calls the attention of the profession to this case, as being a "fearfully terrible miscarriage of justice." Dr. Pearson's name was erased from the medical register. The sentence passed upon him was equivalent to death by slow torture, for his health is irretrievably broken down. It appears that in Ely, some time previously, a number of domestic animals had been found dead, which had been secretly poisoned. Detectives were employed in consequence of the panic which arose, and Dr. Pearson was, in Dr. Mead's opinion, made the victim of it. The evidence against him was entirely circumstantial, and so manifestly inaccurate as to the facts, that it seemed hardly possible a jury could convict. Dr. Pearson protested his innocence, and courted every inquiry; but it appears that his friends (?) considered whether he should plead absolute innocence or insanity, the latter plea being, of course, an acknowledgment of the crime. By this false step they virtually concurred with popular prejudice against him, and (as it appears) on no other grounds than that his previous conduct had been marked by considerable eccentricity. It appears, too, that Dr. Pearson's counsel failed in his duty. He took no account of the prejudices raised against Dr. Pearson by the mysterious poisonings, and relied so entirely upon the manifest defects in the evidence for the prosecution for an acquittal, as to decline calling in the witnesses in defence. A conviction was the result. Dr. Pearson is expected to die, and will leave a family of four innocent children behind him. It is worthy of note that the mysterious poisonings at Ely still go on.

Apparent changes of sex about the time of puberty, due probably to previous defective development, are not very uncommon, and many physicians have seen such cases. An excessive demand, however, is made upon our credulity by a story, apparently told in good faith, and with circumstantial minuteness, which originated in the *La Crosse Democrat*, and has been copied into some of our city papers. The story is, in brief, as follows:—A young lady, a music teacher, was married in 1862, and was the mother of one child. At the expiration of two years, however, she showed symptoms of change of sex in the roughening of the voice, growth of whiskers, and other more indisputable physical changes. The husband and wife accordingly separated, and after a year, the former wife married a young lady who had once been a pupil of hers, and has now children. Such is the story that is put out for the public to believe. Doubtless the person who tells it believes it, and it simply illustrates the loose evidence upon medical subjects that is accepted as conclusive by the laity. To the child of the second marriage might be applied with especial point the proverb, "'Tis a wise child that knows its own father."—*N. Y. Medical Gazette.*

Appointments at the Massachusetts General Hospital.—The following gentlemen have been appointed House Pupils in the Massachusetts General Hospital for the current year:—Edward N. Whittier and Charles P. Putnam in the medical wards. Henry Hooper, Jr., B. B. Kent, Jr., F. G. Morrill, Ira St. C. Smith in the surgical wards.

New Hospital.—The city of Rochester, New York, has a new hospital, which is evidently a credit to the country. It is complete in all its arrangements, as we judge from an account of it in "*The Hospital Review,* a journal devoted to the interests of the sick and suffering at the Rochester City Hospital." There is a surgical, medical, lying-in, and eye and ear department.—*Medical Record.*

Dr. Guillan, who was lately called in by Napoleon, declined any fee, saying that "the honor was sufficient for him." However, $2,000 were sent to him; but he made a present of the whole amount to the Academy of Medicine.—*Ibid.*

The Society for the Prevention of Cruelty to Animals (London) has voted twenty-five pounds to the Richardson testimonial fund, in consideration of his discovery of the method of producing local anæsthesia

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, January 18th, 1868.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	47	61	108
Ave. mortality of corresponding weeks for ten years, 1856—1866	45.1	42.4	87.5
Average corrected to increased population - - - -	00	00	90.4
Deaths of persons above 90 - - - - - - - -	0	0	0

Erratum.—On page 509, in the article entitled "Our Catarrhal Holiday," for "manifested" read *shown.*

Pamphlets Received.—Alphabetical List of Persons Deceased, Born and Married, in the City of Providence during the year 1866. Prepared by Edwin M. Snow, M.D., City Registrar.—Thirteenth Annual Report of the Board of Trustees and Officers of the Southern Lunatic Asylum, for the year 1867. Richard Gundry, M.D., Superintendent.—Superintendent's Report to the Board of Trustees of the New York State Inebriate Asylum. Albert Day, M.D., Superintendent and Physician.

Deaths in Boston for the week ending Saturday noon, Jan. 18th, 108. Males, 47—Females, 61. Apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 4—cancer, 1—canker, 1—consumption, 10—convulsions, 3—croup, 1—diarrhœa, 1—diphtheria, 3—dropsy, 2—dropsy of the brain, 5—drowned, 1—dysentery, 1—scarlet fever, 16—hæmorrhage, 1—hernia, 1—infantile disease, 8—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 13—marasmus, 4—measles, 1—paralysis, 1—phlegmasia dolens, 1—pleurisy, 2—premature birth, 2—puerperal disease, 3—small-pox, 1—suicide, 1—thrush, 1—unknown, 5—wound, 1.

Under 5 years of age, 59—between 5 and 20 years, 17—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 9. Born in the United States, 88—Ireland, 11—other places, 9.

THE

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A CASE OF TRANSFUSION.

By C. B. Braman, M.D., of Brighton, late Assistant Surgeon U.S.A.

[Communicated for the Boston Medical and Surgical Journal.]

J. S., æt. 30, Co. D, 12th U. S. Infantry, stationed in Petersburgh, Va., had served through the war in the Confederate Army; was by profession a circus rider. This man was remarkably athletic, and excelled his comrades in every manly exercise. November 5th, three weeks after enlistment, was engaged in turning somersaults over a bar. Shortly afterwards was attempting to hurl a heavy weight over his head backwards, when he felt " something give way," and immediately vomited a quantity of blood. He was supported to the hospital, a distance of three hundred yards, the blood flowing from his mouth as he went. I saw him half an hour afterwards, and found him anxious and gasping for breath, making labored efforts to free his throat of the bloody sputa which seemed to threaten asphyxia. The pulse was rapid and feeble. The ordinary styptics were administered, with stimulants. He seemed easier for an hour, when a violent fit of coughing ensued, followed by a copious hæmorrhage from the mouth accompanied by the contents of the stomach. The patient began to grow very feeble; pulse hardly perceptible. Elixir vitriol gtt. x. in aquæ q. s., p. r. n. As stimulants seemed to increase the difficulty, they were discontinued *per orem.* Laudanum, with brandy and water, was injected into the rectum. This not being sufficient to control the coughing, the breast was scarified and dry morphine rubbed in. Relief was, however, only temporary. Renewed hæmatemesis continued until 4, P.M., when the patient was deemed moribund, and a clergyman, sent for at his request, administered the last offices.

I was surprised to find him living, the following morning. The treatment *per anum* had been actively persevered in through the night. The nurse informed me that he had emptied a common water bucket of blood and fluid, which included that vomited the day previous. An officer asked if nothing more could be done. I mentioned *transfusion*, but frankly told him that there was no chance of saving a man who had lost so much of the vital fluid. He insisted upon my performing the operation, and offered a man for my service. A cup was placed in a basin of warm water. After bandaging the arms, I dissected out the median basilic vein in the one, and tapped it in the other, and, with a small penis syringe, I injected nearly f℥ iijss. of blood, the assistant firmly compressing the vein after each injection. On account of the fluid clotting, I was obliged to desist, and secured a compress over the wounded vein. An enema of brandy, quinine and laudanum followed, and I was at once surprised and delighted to observe a remarkable change in my patient for the better. The pulse began to be faintly perceptible, the countenance flushed, and animal heat returned slowly to the extremities. With fear and trembling I watched the result. Any tendency to cough was at once checked by opiates, which I now ventured occasionally to give through the mouth. The scarification, with application of morphine, was renewed, and nourishment administered as before stated. To make a long story short, on the fourth day my patient was pronounced out of danger. In one week from the time he entered the hospital, he was able to sleep in a bed-chair. He continued to improve until he was discharged, three weeks afterwards, by order of the Medical Director.

The diagnosis made in this case was *aneurism of the thoracic aorta.* At the time of his discharge, he was unable to sleep otherwise than in a sitting posture. Cough was persistent and annoying. Constant "gnawing" pain was experienced in the region of the sternum. A distinct fluctuating tumor was observed near the juncture of the third right rib with the sternum, while the *fremissement cataire* was plainly perceptible. The patient was said to have taken up his residence in Philadelphia. I have not heard from him since.

The exact amount of blood lost from first to last could not be easily measured. It seemed as if there was little more to lose. For the first three days I administered no less than 72 grains of opium daily in equivalent, through the mouth and rectum, besides that absorbed by the skin in scarification. The results of its use were satisfactory, but of slight duration. The amount of blood transfused was comparatively small, but sufficed to turn the scale in our favor.

Such cases as the above afford an instructive lesson, which we should all do well to remember.

EFFECT OF ERGOT OF RYE ON THE PREGNANT FEMALE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The remarks of Dr. Charles H. Jones and Prof. Huston, which you published in the last No. of your Journal (Jan. 16th), I think should be noticed by some one, as they are calculated to lessen the confidence of the profession in the value of ergot of rye in obstetrical practice.

Dr. Jones says his "convictions are" that it often "destroys the life of the child," and that a "great number of stillborn children can be traced directly to its use."

Prof. Huston says:—"My own experience with the article convinces me that it is a most dangerous and destructive drug. The children were stillborn in a proportion shocking to my feelings."

Ergot of rye is an established article of the Materia Medica, is ranked among the potent drugs in daily use by the medical profession, and is possessed of inestimable properties, as all experience will testify. Let us look at the "convictions" of Dr. Jones and "the reasons of his faith" and "the evidence on which it rests."

"Labor is a physiological process, and as the laws of nature are never without purpose, is it not reasonable to conclude," &c. See article.

Nature's attempt to unite an unadjusted fracture is equally a physiological process, but does she accomplish it under all circumstances? The peristaltic action of the intestines is a physiological process, but is it always effectual? Must we neglect to adjust the fracture or to give cathartics for fear of defeating nature's physiological processes; or because all fractures have not been treated as they should have been, or because cathartics have not always been given with due discrimination? The cases are parallel.

Prof. Huston's feelings must be daily shocked at the undiscriminating use made of powerful drugs by the profession at large, we should judge, if he is collecting statistics as regards the use of opium, &c.; but does he advise their discontinuance in general practice?

Careless and injudicious management often causes a steam-boiler to burst, scattering desolation around. Must we take to the old coach because boilers can be burst, and because nature's laws are never without a purpose?

The absurdity of this attack on ergot appears the more palpable when we remember we have perfect control over its effects in or by the use of chloroform. No two persons have the same susceptibility to the influence of ergot, any more than they have to the effects of alcohol or opium; and if a dose of ergot produces excessive or unremitting contractions of the uterus, a brief but rapid inhalation of chloroform or its dilutions will immediately arrest it, giving the accoucheur perfect control of the labor.

It is a common practice with me to give ergot in tardy and difficult labors, and also before administering ether or chloroform in labor, as it tends to prevent any diminution of the frequency or expulsive force of uterine action under the moderate use of these anæsthetics; and it is also a common practice with me to restrain any unusual action of ergot with chloroform. With these "dangerous" and "destructive" medicines at hand, the accoucheur can curb or give rein to uterine action, with incalculable relief to the mother, and without increasing the tables of mortality, the statistics of Philadelphia to the contrary notwithstanding.

Lawrence, January, 1867. G. W. Garland, M.D.

SPERMATORRHŒA—A NEW METHOD OF TREATMENT.

By Chales Bliss, M.D., of Syracuse, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

In calling the attention of the profession to the method of treating spermatorrhœa as illustrated in the following cases, I would say that it needs a more extended series of observations than it has yet received to determine its true value as a curative agent in this obstinate and frequently intractable disease.

Case I.—J. M., æt. 18, clerk, consulted me April 25th with regard to nocturnal emissions, which, he said, occurred as often as three or four times a week; complained of loss of memory and inability to fix his mind intently on any subject; said he was losing flesh and strength, and felt great disinclination to any exertion, either bodily or mental. He had contracted the habit of masturbation at a boarding school, several years since, but had relinquished it some time previous to consulting me. The patient was pale and anæmic, with soft and flabby muscles, furred tongue, offensive breath, and bowels habitually constipated. Troubled considerably with palpitation, feelings of dizziness, &c. On examination, there was no tenderness on external pressure along the course of the urethra nor over the prostate. The prepuce was long, extending about three fourths of an inch beyond the end of the penis, and was retracted with difficulty; the mucous surface of it, as well as the sulcus behind the corona glandis, was somewhat inflamed and the seat of an irritating discharge. On passing a sound into the urethra, no soreness was found until reaching the prostate, which was a little tender. I removed about an inch of the prepuce, stitching the skin and mucous membrane together in the usual manner; water dressing. Ordered the following:—℞. Ferri et potass. tart., ʒ i.; quiniæ sulph., gr. xv.; rhei pulv. ℈ iss. M. Ft. mass. et div. in pil. No. xxx. S. Two before each meal. Also:—℞. Potass. bromid., ℥ ss.; potass. iodid., ʒ i.; aq. camph. f℥ ij.; aq. puræ, ℥ iv. M. S. Two teaspoonfuls at bedtime.

April 30th.—Prepuce healed, except at one point, to which nitrate of silver was applied; stitches removed. No emission since operation. Directed to keep the parts thoroughly cleansed, and continue medicine as before.

May 7th.—For two past nights has had emissions. Prepuce entirely healed; no discharge from it or the sulcus behind the glans; appetite better; general health improving. Continue medicines as before.

27th.—Has emissions about as frequently as before he began treatment; appetite good; bowels regular, and sleeps well unless troubled with emissions. Passed a metallic bougie, size of No. 8 catheter, having previously reduced its temperature to about 38°. Discontinuing all medicines, the bougie was passed twice daily, allowing it to remain from five to ten minutes at a time until—

June 20th.—Having had no emission since last date, he discontinued treatment, contrary to my advice.

July 1st.—Had another emission last night. The treatment with cold bougies—No. 10 being now used—was recommenced, and continued as before until about the middle of August.

Nov. 4th.—Has had no nocturnal emission since July 1st; good appetite; sleeps well; no palpitation, and feels in perfect health every way.

I have been, perhaps, unnecessarily minute in giving the details of this case, but it strikingly illustrates the effect of the local treatment, and also the fact that to be efficacious it must be continued a considerable length of time. In most cases, the patient can introduce the bougie himself after being shown how a few times.

Case II.—A. J., æt. 22, insurance agent, consulted me Sept. 22d, 1866, with regard to seminal emissions. Became addicted to masturbation when about 13, and continued the habit for several years. Has an emission nearly every night, and sometimes twice in a night; being naturally of a strong and robust constitution, this excessive drain has not had so disastrous effects on his general health as might be anticipated, although he complains of a constant feeling of lassitude and disinclination for exertion. Has not masturbated for about three years. Countenance pale; skin sallow; bowels sluggish, moving, ordinarily, once in two or three days. He exhales a peculiar seminal odor. Slight tenderness along the whole course of the urethra, on external pressure; a very slight mucous discharge, resembling that of gleet, though he assures me that he never has had gonorrhœa. Considerable pain on passing a sound into the urethra, which was greatly augmented on reaching the prostate. Ordered the following, to be repeated two or three times a week, *pro re natâ*. ℞. Hydrarg. chlorid. mitis, sodæ bicarb., āā gr. vi.; rhei pulv., gr. viij. M. S. Take at bedtime. Passed *cold* bougie, No. 6 size, twice daily, for several days, leaving it in for about ten minutes at a time. At first, pain was very severe on introducing it, continuing for an hour or more after it was withdrawn; but this gradually diminished, until, at the end of about two weeks, there was no unpleasant sensation connected with it whatever. The patient then continued the application of it himself for about three months; the size being gradually increased to No. 10. He had no emissions after the first application, and a year after had had no return of them, his general health in the mean time having vastly improved.

Case III.—E. L., æt. 20, clerk, consulted me Dec. 19th, 1866. Had contracted the habit of masturbation when a boy, at school.

Had an emission nearly every night, sometimes, though not always, accompanied with lascivious dreams. Pale, doughy-looking countenance; troubled with dizziness and palpitation; slight pain on passing sound over prostate; no tenderness there or elsewhere along the course of the urethra on external pressure. Cold bougie, No. 10, as in the preceding cases. This was continued about six weeks, he having but one emission after the commencement of the treatment. In June following, had had no return of the disease.

The beneficial effect of this method of treatment is due, I think, to the local tonic and sedative action of cold in allaying the irritability and overcoming the hyperæsthesia, on which the continuance of the disease in most cases principally depends.* I took occasion to verify the diagnosis in each of the preceding cases by microscopic examination. The very satisfactory results which have thus far attended this method of treatment seem to render it worthy of a more extended trial, as it may be applicable to many, if not most of the cases where cauterization is ordinarily resorted to. Should such prove to be the case, its advantages are too obvious to require comment. A common steel sound will generally be found most convenient, its temperature being reduced to the proper point by immersion in ice-water for a few minutes before using it.

December 27th, 1867.

IS INTERMITTENT FEVER CONTAGIOUS?

[Communicated for the Boston Medical and Surgical Journal.]

Is intermittent fever contagious? I am inclined to think it is, for the following reason. In September, 1865, while visiting a friend at Milton, Mass., I was seized with ague—a regular "naturalizing shake." The lady of the house came frequently to my room, kindly administering to my wants; I was also quite an object of curiosity to her, as it was the first "ague fit" she had ever witnessed. On the fifth day from the time of exposure, she complained of a chilly sensation, followed by quite a fever, which lasted for an hour or more. I was convinced, judging not only from the general symptoms, but from the appearance of the tongue, that she had the "*dumb*" ague, and so informed her; at this she was indignant, and evidently thought I was crazy. "Why, doctor! we *never* have ague here; I never heard of but two cases in this town, and they were imported from California." Knowing it would be useless to argue the point with her, I let the subject rest. Each day brought a return of the chill and fever; when, on the morning of the *ninth* day, she had a "shake" that would have been a credit to an *Illinoisian*, and sufficient to convince her that I was correct in my diagnosis.

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* I am indebted to my friend, Dr. Crane, of Pittsfield, Mass., for suggesting the idea of its application to this particular disease.

I am aware that this isolated case proves nothing, and only report it in the hope that it will call forth an expression of opinion from those who are more competent to decide, than

Hillsboro', Illinois. AMOS SAWYER.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 520.]

LUPUS.

WHAT is lupus? In looking over the works of the ancient writers, it is interesting to observe the figurative language they often employ to illustrate their ideas of the forms or the peculiar characteristics of the diseases that attack the human system. In the present instance the symbol chosen is one of the most ferocious wild beasts that roam in field or forest, and whose very name is suggestive of destruction; and destruction being the salient feature of lupus, a more appropriate similitude could not be selected.

The disease is confined to no age or sex, or class of subjects. It presents three principal varieties—namely, lupus erythematodes, lupus non-exedens, and lupus exedens. Other varieties are mentioned by different authors, as lupus vulgaris, lupus vorax, and lupus hypertrophica, the latter originally described by Biett. All these forms are but different degrees or stages of the same disease.

The general health usually remains unimpaired, even where the local affection continues for ten, twenty or thirty years. There is a tissue-change which supervenes upon the local inflammation, and this change, together with loss of substance unlike what takes place in any other cutaneous disease, constitutes a distinguishing attribute of the complaint.

In the first variety which we propose to consider, there is an erythematous condition of the skin, followed by loss of substance or atrophy in the affected part, without the formation of tubercles or ulceration.

In the second variety there is a development of tubercles, followed by destruction of tissue *without* ulceration.

In the third, there is the formation of tubercles and subsequent loss or destruction of the skin, and sometimes of the deeper tissues also, *by* ulceration. Thus we have before us the distinctive features of the several forms of lupus. In each there is a devastating agency at work, although there is a diversity in the mode of operation. The disease is never contagious, and rarely traceable to hereditary predisposition. The most frequent locality for its development is the face, especially the nose. No constitutional symptoms are present, and rarely any pain. It sometimes happens that while the eruption occupies the face, nose or head, the fingers or back of the hands, or some other distant part, may present a similar morbid affection. It commonly appears in well-marked round or oval discs of deep-red color. When it breaks out on the ears, it generally commences on the posterior aspect, near the junction of the lobes with the lower point of the cartilage. Here it remains partially concealed as a small red patch, not unlike a mosquito-bite, and attracts little or no attention, perhaps, for several months, by which time it will have crept upward along the posterior surface of the whole ear, which becomes thickened and preternaturally red; and occasionally the patient experiences a slight sensation of burning and pruritus, and at a little latter period cannot allow that side of the head to rest on the pillow, or the hat or bonnet to be pressed against it, on account of the discomfort arising from increased heat. Occasionally, erythematous patches are developed nearly simultaneously on the nose, ears, cheeks, forehead and upper lip, and on the mucous lining of the mouth and nose. In a few weeks, or perhaps months, a thin, white, delicate scale forms on the diseased surface, as in psoriasis. It is very adherent, although it desquamates every now and then in the form of a horny layer.

When the morbid action has continued for a long period, the diseased integument is atrophied, puckered and depressed, and is much thinner than natural on account of interstitial absorption, and not by open ulceration. If the fingers are the parts involved, the redness and tumefaction which have so long existed subside, and the skin is reduced to a white, hard and horny covering, and seems drawn tightly around the bones, like a smooth clasp. And so with the back of the hand of a lady whom we once saw, and on whose left hand the complaint had lingered from the age of 5 to 35 years. The whole surface was perfectly bloodless, and white and polished as parian marble. The disorganized skin was sealed down firmly to the carpal bones, and the ring and little finger were bent immovably upon the palm; the parts thus disfigured seemed at first view to have suffered from the effects of a severe scald or burn. This patient had been afflicted also, for some eight or ten years, with lupus non-exedens on the nose.

When the disease attacks the cheeks or nose, the inflammation, induration and hypertrophy of the affected part produce great deformity. There is a sort of knobby or lobulated appearance occasioned by the development of tubercles, which sometimes increase in numbers with great rapidity and coalesce. As the morbid processes begin to decline and the disease advances towards a cure, the redness and swelling gradually subside, and the skin assumes a smooth, shining appearance; there is loss of substance, and the portion of integument which was the seat of the lupoid action sinks below the plane of the adjacent surface. And if the nose is the unfortunate organ on which the malady plants itself, it looks sharpened or notched, as if the soft parts had been pinched or irregularly pared off, the bones and cartilages become prominent, and a remarkable cicatrix and deformity remain, which no surgical operation can repair.

In some cases there is, for a very long period, repeated exfoliation of thin, white, dry, laminated scales from the cicatrized surface after every other morbid process has ceased. (This is the scrofulide érythémateuse of Hardy.)

Lupus non-exedens.—This generally commences at an early period of life, and is usually represented by the development of a few distinct tubercles, varying in size from a pin's head to that of a pea; they are slightly flattened on their summits, somewhat elastic and boggy to the touch, and if pressed or broken with a probe, or otherwise disturbed, they readily bleed. They often remain in a dormant state for months or even years without producing any inconvenience to the patient, except as regards looks; and show no disposition to increase until, perhaps, their activity is awakened by some unappreciable cause or circumstance, when they suddenly enlarge at the circumference and multiply in number, and thus by their aggregation and fusion they form a well-defined patch of a pale, dull-red or mottled color of various extent, and circular, oval or tortuous in outline. At length the patch is covered with scales or crusts—somewhat like those seen in eczema. These are adherent in their centre to the summit of the tubercles or nodules, while their edges are free and curled up. Cuticular desquamation, however, takes place, and is renewed at different intervals.

The disease seems to have a preference to some portion of the face, and the nose is by far its most frequent habitat. It sometimes attacks the back and extremities, especially the lower. Sometimes the morbid action commences on the upper lip, which soon becomes excessively tumefied, and gives rise to great disfigurement. The lower lip is very seldom the seat of the disease. The central portion of the patch often heals, and the cicatrix is decidedly lower than the peripheral portion, which is studded over with a ringlet of tubercles. These coalesce, and form, as it were, a separating wall between the morbid and healthy skin. The area of the diseased action enlarges very slowly, and if seated on the integument covering the ossa nasi, the process of expansion, which usually extends in nearly equal ratio in all directions, encroaches on the lower eyelid. Eversion takes place from the contraction of the integument, and the mucous surface of the conjunctiva is exposed to the attrition of the air; and there is a constant flow of secretion, greatly to the annoyance of the patient. Laterally, the complaint advances far down upon the cheeks; meanwhile the process of healing is going on in the central part, which clears away and cicatrizes, but without true ulceration. There is loss of substance by absorption, and the thin skin is slightly puckered and very adherent to the bones. Its sensibility is much enfeebled or totally lost, and it never regains its original appearance or resiliency. When the devastations are completed, the individual often presents a most unique and hideous deformity. Nearly the whole of the cheeks, lips and chin is sooner or later covered with a succession of fresh tubercles, which run together, and the patient looks as if his face was covered with a mask. This is the lupus with hypertrophy of Biett. It is often developed in connection with the erythematous variety, or with a lupoid ulceration of the mucous membrane within the buccal cavity or the nasal fossæ. In some instances, the disease commences in the latter region and produces at first a simple redness on the external integument, with slight thickening of the alæ, while it eats its way through the cartilaginous septum and higher up in the direction of the turbinated bones. Such is the strange and fitful course pursued by this complaint in very many cases.

Lupus exedens.—This form of lupus is more frequently met with than any other. It commences by the development of one or more tubercular masses, which are characterized by greater hardness and density in their structure, and less transparency than are present in those of lupus non-exedens. Their tendency to ulceration becomes apparent at an early day, and progresses with marked activity in many instances, while in other cases its march is very slow. When the former tendency prevails and the complaint attacks the nose, this organ is sometimes entirely destroyed in four or five weeks. The soft parts, the cartilaginous structure, and sometimes the osseous, are swept away by this peculiar process of destruction in spite of all efforts to arrest its voracity.

The disease may attack other portions of the surface at the same that it affects the nasal organ—as the entire scalp or face, the back of the neck, between the shoulders, on the hands, fingers, toes, &c., and may proceed to the destruction of all the soft tissues that lie within its path; and in some instances not sparing even the bones.

Ordinarily, the disease, commencing as a small, hard tubercle, remains nearly quiescent for some considerable time, and then passes into a suppurative stage and is soon covered with a thin greenish-brown scab, and remains, perhaps, circumscribed to a single spot. Other tubercles appear in the immediate vicinity at various periods, and undergo the same changes. The patient picks off the soft and yielding crusts, beneath which a light yellowish fluid may be concealed, and when this is wiped away an excavated ulcer, more or less deep, may be exposed to view; or, instead of any secretion, a red pulpy surface may be left, which bleeds on the slightest touch. This ulcer becomes concealed by the formation of another scab larger than the first, and formed by the drying up of the semi-purulent or fœtid, ichorous matter poured out upon the diseased surface.

The surface of the ulcer of lupus exedens is ragged, the edges thick and red, covered with a white exudation of lymph and with small, unhealthy granulations. There is a frequent attempt at cicatrization, which may and does take place to some extent; but the sore, once established, does not readily close. It may give promise of being healed soon, when all at once the ulcerative process seems to have acquired a fresh impulse.

However severe and extensive the ravages of lupus exedens may be, it is seldom that any pain is experienced during the whole course of the malady, and in this particular, as well as in many others, it resembles constitutional syphilis. Sometimes there is itching in the part, especially towards night, and after certain articles of food have been taken; and in sudden changes of weather the patient experiences a temporary uneasiness, but scarcely amounting to absolute pain.

When the ulcer of this variety of lupus heals, the resulting cicatrix is of a pearly white, with streaks of a faint purplish tint, and corrugated bands running over it, as mentioned in connection with the previous disease. It is no uncommon event for the complaint to break out afresh at some future day at some point within or near the boundaries of this cicatrix, whatever line of local or constitutional treatment may have been adopted.

The consequences of lupus exedens vary with the part on which it is situated and the period at which it is subdued by treatment. If seated on the nose and cured early, a slightly notched scar remains, and the tip of the organ is pointed and irregular. If on the cheek or ear, and has been cured before it spread extensively, the remaining scar does not occasion much deformity. These unimportant blemishes, however, are rare compared with the more frequent and frightful deformities which the malady generally produces, especially if of a syphilitic origin. In such cases it owes its terrible severity and consequences to the superaddition of a specific poison that pervades the constitution. It may attack the forehead or nose, and appear simultaneously on the extremities, the front of the neck, the buttocks, or elsewhere on the trunk of the body, in the guise of what are called serpiginous ulcerations. The skin suffers first and generally the most; the cartilages come next, and finally the osseous framework of the nose and roof of the mouth are swept away.

Lupus is little liable to be confounded with any other disease that invades the skin. The tubercles, which are its earliest representatives, are of a livid, dull red color, pursue an indolent course and are usually confined to one spot or district, as the nose, lips, cheeks, ears, &c. Sometimes the complaint commences as a single tubercle. At a variable period the tubercles pass into a state of ulceration. This ulcerative process soon spreads beyond the limits of the original tubercles. Slight, scaly crusts are formed. These are quite adherent, but break down easily from trifling pressure. At length attempts are made at repair in the shape of unhealthy-looking cicatrices. The complaint is unaccompanied by any constitutional symptoms of the slightest importance. These are pathognomonic features.

Pathology.—In regard to the new-formation of connective tissue which constitutes the essence of the disease, Wedl states as the results of his investigations that it is at first very limited in extent, and accompanied with injection of the vessels and tumefaction. It gradually extends, and produces a consecutive atrophy of the organs in which it spreads. In the *cutis* the hair falls out, and the sebaceous glands and *papillæ* shrink; in a word the cicatriform, smooth aspect of the skin, above noticed, is produced. In this atrophied condition the latter is ultimately perforated by the new growths. A cicatriform contraction, moreover, may remain at one spot, whilst the perforation of the skin takes place at another. The new-formation of connective tissue may, also, extend into the adipose and muscular tissues, or so far even, as to affect the bones themselves, and to interfere with the nutrition of the elementary organs, which become as it were supplanted by the new-formation, but not dissolved. The new connective tissue may suffer involution in many places, where the conditions for its further development are wanting; but it is not subject to any genuine or spontaneous, retrograde metamorphosis, accompanied by a softening of the new-formed substance. The *pus* which is so commonly formed in *lupus*, should by no means be regarded, as it has been, more especially by the older writers, as a product of the breaking up of the newly organized substance, or of the normal elements of the tissue; a view, which, according to opinions at present received, must be wholly rejected, inasmuch as the pus is itself a new formation out of a *blastema*, which, in the present case, as in many other instances, is associated with the new-formation of connective tissue.

Causes.—Syphilis is one of the most frequent causes of this complaint, although many individuals who are afflicted with lupus, furnish no evidence in their history that their disease is in any way or degree derived from the venereal taint. Scrofula is named by various authors as the parent of lupus; and yet a scrofulous taint in the system is a myth in the opinion of many able writers. If we admit its agency in the production of lupus we must do so on a purely hypothetical basis.

Lupus is much more common in women than in men; and this fact, in our judgment, seems to take away all foundation for the theory in regard to the ideal relationship between lupus and scrofula.

The influence of sex and age is very marked as among the predisposing causes of the several varieties of lupus. Of 170 cases collected and reported by Mr. Naylor,* Assistant Surgeon to the Hospital for Diseases of the Skin in London, during the years 1861, 1862, and 1863, 131 were females and 39 males. These figures represent lupus in the aggregate only, a much greater difference being noted in some of its varieties. Thus in lupus exedens the ratio is

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* Diseases of the Skin, by George Naylor, F. R. C. S., London: 1866; p. 165,

5 to 1 between the two sexes, and higher yet in the two other varieties. Lupus exedens as a rule is developed primarily between the ages of 10 and 30, becoming more rare after the latter period, and seldom commencing before the seventh year.

Lupus arising from syphilis takes a wide range in its period of development, beginning as early as the fourth or fifth month and as late as the seventieth year and upwards. Lupus is not specially influenced by occupation, or locality. We have known quite a number of cases following the receipt of some slight injury to the part as the immediate cause of the complaint; as a blow, a scratch, a spark of hot cinders, &c., impinging on the site where the tubercle appeared soon after the accident.

There is another fact connected with the etiology of the disease which is difficult of solution, and that is, that it is seldom seen in the upper classes of society. Is the disparity due to a better quality of food, better air, greater cleanliness, or is it not influenced by these circumstances? The affirmative would seem to be the true answer.

The prognosis is not always very satisfactory. In recent cases, or those of quite limited extent, the prospect of permanent recovery is encouraging; but in cases where the morbid habit has existed for years and spread over a large field, great assiduity, care and skill are requisite to accomplish a cure of the existing evil; and when this is effected the probabilities are pretty nearly balanced as to whether or not the malady will reappear at some future day. This contingency, however, affords no reason for the neglect or omission of any remedial measures which in the judgment of the medical adviser the case demands.

Treatment.—There is no specific course to be pursued either as regards constitutional or local remedies. We must be governed by general principles of medical science. The health of the patient rarely ever suffers from any of the varieties of lupus, except it be from constitutional syphilis. If the latter evil is engrafted into the system the lupoid development is to be considered in connection with the constitutional malady and "part and parcel of it;" and all internal remedies must be selected from among those which are in best repute for secondary or tertiary syphilis, as the case may be. The patient should be under the best hygienic influences at all times.

Arsenical preparations have often been administered for the cure of lupus, but no well-authenticated reports in favor of them have been recorded in medical or surgical works, and it is but just to remark of them that they possess no claim to confidence in the disease under consideration. Mr. Wilson is inclined to recommend Donovan's solution in doses of ten or fifteen drops three times a day at meal time. Few patients can tolerate this amount of the solution for any length of time. We so judge from frequent reports from them, and we have ceased to prescribe it in any quantity. In its stead we prefer very small doses of the bichloride of mercury—say the tenth of a grain morning and evening. It should be taken with meals, in the form of pill, or solution with the compound tincture of cinchona, or compound tincture of cardamom. The cod liver oil is just now a popular article in lupus. The daily quantity recommended by different surgeons ranges from half an ounce to one or two pints!

Nitric acid, nitro-muriatic acid, the various chalybeates, the iodide of potassium, the chloride and carbonate of ammonia, and an unlimited number of mineral waters—all have their advocates. Whatever course of constitutional treatment, in the judgment of an intelligent physician, may be indicated with a view to restore or preserve the integrity of the several vital organs and their functions, will be the proper one. And it will be labor lost if he looks here or there after specifics.

The local treatment must be our main reliance; and with this there will be need of long and patient perseverance in a majority of cases.

In erythemetous lupus, if the efflorescence is quite limited, one of the best local applications to commence with is a compound tincture of iodine of the following strength:—℞. Potassii iodidi, ʒ ijss.; iodinii, ℈ ij.; Aquæ fontanæ, ℥ j. M. A portion of this is to be applied twice a day for two or three days by means of a camel hair pencil. By this procedure the cuticle will be completely detached, and when this takes place the raw surface is to be covered with lint saturated with liquor plumbi diluted with an equal quantity of water. If the diseased surface is very extensive it may not be advisable to remove the cuticle from the entire patch at one time. The nitric acid very much diluted may be substituted for the lead wash if no benefit results from the use of the latter. If there is severe pain or smarting at any time, a lotion containing prussic acid can be employed with advantage in connection with a solution of the borate of soda. Generally speaking there is more discomfort experienced by the patient towards evening or a little later in the day than at any other time, from the smarting and burning. At such times the subjoined formula for a lotion should be ordered: ℞. Sodæ sub-boratis, ʒ ij.; acidi hydrocyanici diluti, ʒ ij. M. *Lotion.* Rags saturated with this may be applied to the lupoid surface.

The benzoated oxide of zinc ointment, with three grains of sulphate of morphia to each ounce, is likewise a suitable ingredient with which to dress the parts.

If the scales are very thick they can usually be detached readily by means of a strong solution of potassa fusa, or the carbonate of soda, and afterwards the raw surface is to be dressed with the lead water, or either of the other agents above mentioned. By these means the disease will often abate in severity. Other local measures are worthy of a trial also: such as the iodide of sulphur ointment, 15 grains to the ounce of rose ointment; the iodide of mercury ointment, one scruple to the ounce, to be applied every day or every other day; or the iodide of lead ointment, one drachm to the ounce. This last may be applied constantly.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 30, 1868.

VALEDICTORY.

The connection of the present Editors of this Journal ceases with the volume now closing. The pressure of other duties has compelled them to give up what has been to them in a very large degree a labor of love. No one, in this country at least, expects that such editorial duties will be pecuniarily remunerative at all in proportion to the work which they imply; but they have been stimulated by the *esprit du corps* which has so fully animated their predecessors, to do their part, to the best of their ability, to keep the standard of the medical profession among us at the highest level.

To our medical brethren we would express our indebtedness for the aid which has sustained this Journal through the trying times of the past seven years, and enabled its publishers to continue unbroken the series of forty years, when many other journals have dropped out of existence. This is very largely due, we are aware, to the kindness of our friends, whose contributions to our pages have given them their chief value. We hope that their interest will continue unabated, feeling assured that our successor will deserve their favors quite as much as ourselves. That gentleman needs no encomium from us; our readers are already familiar, through his contributions to our pages, with his intellectual ability and the thorough devotedness with which he pursues his professional calling. Our advertising pages this week will inform them of the changes to be made in the style and arrangement of the Journal, which will, we are satisfied, commend it more than ever to their kind consideration. We retire with the hope that the Boston Medical and Surgical Journal may always find gentlemen disinterested enough to undertake its editorial duties from a desire to sustain in New England an honorable, intelligent representative of the best phase of the medical profession.

MASSACHUSETTS COLLEGE OF PHARMACY.

Formerly, the physician was his own apothecary—doing, himself, the compounding and dispensing of the medicines he prescribed. Now, all this is changed, so far as this country is concerned. The doctor gives the written formula to his patient, and the latter supplies himself at the druggist's with the neatly put up box or phial containing the medicines—more or less pure or adulterated—which have been ordered. Even the country practitioner, who carries his pharmaceutic preparations in his sulky, obtains them ready-made in the form of tincture, pill, or powder, from the distant cityor town. Pharmacy has become an art by itself, and is to a great extent a mystery to many a successful prescriber. Chemistry, which took its origin in pharmacy, is, together with botany, now called upon to supply the art with material for future progress. We foretell the coming of the time when the therapeutic investigator will rely, chiefly, as he already does to some extent, on the "pharmaceutist," for suitable combinations and formulæ of the agents to be experimented with.

Apothecaries have begun, therefore, to demand scientific instruction, and are elevating their calling into something more than a mere trade. The Massachusetts College of Pharmacy have instituted a course of lectures, and intend to issue diplomas to such candidates as may, by passing a proper examination, show themselves competent apothecaries, or, rather, "pharmacists." We have sought, and been favored with a perusal of the address delivered by S. M. Colcord, Esq., at the opening of this season's course of instruction, and have found it an able, elaborate, and instructive paper. We commend to the notice of our readers its closing paragraph:—

> "We say, therefore, that the wholesale druggists, the apothecaries and their clerks, ought directly to sustain the Massachusetts College in its efforts to make this school a success; and that physicians, all lovers of social science, and the public, should, indirectly if not directly, aid in sustaining this institution as a public benefit."

We find in the *Chemical News*, a lecture "On the Chemistry of the Primeval Earth," delivered May 31, 1867, by T. Sterry Hunt, M.A., F.R.S. We offer an abstract of it.

As preliminary to the subject of the discourse, Mr. Hunt states that the spectroscope has shown the presence, in the sun—and in the suns of other systems—of the same chemical elements which exist in our own planet. The first Herschel conceived the nebulæ, which he observed in the heavens, to be the uncondensed matter from which worlds are formed. But, more powerful telescopes than his subsequently resolved some of these nebulæ into groups of stars, and thus doubt was thrown over Herschel's theory. That doubt has now been removed by the spectroscope, which has shown the existence of true nebulæ, or masses of luminous gaseous matter. These constitute one phase in the condensation of primeval matter, while a second phase is that of self-luminous suns, and a third is represented by bodies which, like our earth, shine only by reflected light. The nebulous matter is conceived to be so intensely heated as to be in the state of true gas or vapor, and for this reason feebly luminous when compared with the sun.

Calculations based on the amount of light and heat radiated from the sun show that the temperature which reigns at its surface is so great we can hardly form an adequate idea of it. Of the chemical relations of such intensely heated matter modern chemistry has made known to us some curious facts, which help to throw light on the constitution and luminosity of the sun. Heat, under ordinary conditions, is favorable to chemical combination, but a higher temperature reverses all affinities. Thus, the so-called noble metals, gold, silver, mercury, &c., unite with oxygen and other elements; but these compounds are decomposed by heat, and the pure metals are regenerated. A similar reaction was many years since shown by Mr. Grove, with regard to water, whose elements—oxygen and hydrogen—when mingled and kindled by flame, or by the electric spark, unite to form water, which, however, at a much higher temperature, is again resolved into its component gases. Hence, if we had these two gases existing in admixture at a very high temperature, cold would actually effect their combination precisely as heat would do if the mixed gases were at the ordinary temperature, and literally it would be found that "frost performs the effect of fire." The recent researches of Henry Ste.-Clair Deville and others go far to show that this breaking up of compounds, or dissociation of elements by intense heat, is a principle of universal application; so that we may suppose that all the elements, which make up the sun or our planet, would, when so intensely heated as to be in that gaseous condition which all matter is capable of assuming, be uncombined—that is to say, would exist together in the condition of what we call chemical elements, whose further dissociation in stellar or nebular masses may even give us evidence of matter still more elemental than that revealed by the experiments of the laboratory, where we can only conjecture the compound nature of many of the so-called elementary substances. * * * * *

It matters but little whether we imagine the different planets to have been successively detached as rings during the rotation of the primal mass, as is generally conceived, or whether we admit with Chacornac a process of aggregation, or concretion, operating within the primal nebular mass, resulting in the production of sun and planets. In either case we come to the conclusion that our earth must at one time have been in an intensely heated gaseous condition, such as the sun now presents, self-luminous, and with a process of condensation going on at first at the surface only, until by cooling, it must have reached the point where the gaseous centre was exchanged for one of combined and liquefied matter.

Here commences the discussion of the chemistry of the earth. So long as its gaseous condition lasted,

We may suppose the whole mass to have been homogeneous; but when the temperature became so reduced that the existence of chemical compounds at the centre became possible, those which were most stable at the elevated temperature then prevailing, would be first formed. Thus, for example, while compounds of oxygen with mercury, or even with hydrogen, could not exist, oxides of silicon, aluminum, calcium, magnesium, and iron might be formed and condense in a liquid form at the centre of the globe. By progressive cooling, still other elements would be removed from the gaseous mass, which would now become the atmosphere of the non-gaseous nucleus. We may suppose an arrangement of the condensed matters at the centre according to their respective specific gravities, and thus the fact that the density of the earth as a whole is about twice the mean density of the matters which form its solid surface. Metallic or metalloidal compounds of elements grouped differently from any compounds known to us, and far more dense, may exist in the centre of the earth.

Certain elements having united to form compounds, and condensation having taken place so far as to present matter in the liquid form, a further reduction of temperature produces solidification. It is to be remembered that water forms an exception to other fluids, in that it becomes lighter in passing from the liquid to the solid form, so that its ice floats upon the surface and measurably protects the portion below from further loss of heat. Most other matters, however, are much denser in the solid than in the liquid condition, and thus, in them, the congelation commences at the centre. Having seen the central portion of the earth thus solidified under the influence of a reduced temperature, we are directed to leave the further consideration of it, because "there is no good reason for supposing that the deeply seated portions have intervened in any direct manner in the production of the rocks which form the superficial crust."

The earth's crust, to which are now to direct our attention, presented, probably, at the time of its first solidification. "an irregular diversified surface from the result of contraction of the congealing mass, which at last formed a liquid bath of no great depth, surrounding the solid nucleus."

If the crust of the earth as we now see it were subjected to intense heat, the solid land, sea and air would react upon each other, and give play to chemical affinities, just as took place when the superficial portions of the globe were actually in a state of fusion. From this state of things would result "the conversion of all carbonates, chlorides, and sulphates into silicates; and the separation of the carbon, chlorine and sulphur in the form of acid gases, which with nitrogen, watery vapor, and a probable excess of oxygen, would form the dense primeval atmosphere." The constitution as it was, as regards the earth's surface, having been thus regained, Mr. Hunt unfolds to us the following chemical panorama:—

The atmosphere, charged with acid gases which surrounded this primitive rock, must have been of immense density. Under the pressure of such a high barometric column, condensation would take place at a temperature much above the present boiling-point of water, and the depressed portions of the half-cooled crust would be flooded with a highly heated solution of hydrochloric acid, whose action in decomposing the silicates is easily intelligible to the chemist. The formation of chlorides of the various bases, and the separation of silica, would go on until the affinities of the acid were satisfied, and there would be a separation of silica taking the form of quartz, and the production of a sea-water holding in solution, besides the chlorides of sodium, calcium and magnesium, salts of aluminium and other metallic bases. The atmosphere being thus deprived of its volatile chlorine and sulphur compounds, would approximate to that of our own time, but differ in its greater amount of carbonic acid.

We next enter into the second phase in the action of the atmosphere upon the earth's crust. This, unlike the first, which was subaqueous, or operative only on the portion covered with precipitated water, is subaërial, and consists in the decomposition of the exposed parts of the primitive crust under the influence of the carbonic acid and moisture of the air, which would convert the complex silicate of the crust into a silicate of alumina or clay, while the separated lime, magnesia and alkalies, being converted into carbonates, would be carried down into the sea in a state of solution. The first effect of these dissolved carbonates would be to precipitate the dissolved alumina and the heavy metals, after which would result a decomposition of the chloride of calcium of the sea-water, resulting in the production of carbonate of lime or limestone, and chloride of sodium or common salt. This process is one still going on at the earth's surface, slowly breaking down and destroying the hardest rocks, and, aided by mechanical processes, transforming them into clays; although the action, from the comparative rarity of carbonic acid in the atmosphere, is less energetic than in earlier times, when the abundance of this gas and a higher temperature favored the chemical decomposition of the rocks. But now, as then, every clod of clay formed from the decay of a crystalline rock corresponds to an equivalent of carbonic acid abstracted from the atmosphere, and equivalents of carbonate of lime and common salt formed from the chloride of calcium of the sea-water.

We find here an answer to the popular question, where is Neptune's laboratory, or, in other words, whence came the salts of the sea? Our author adds that, as we learn from the composition of fossil sea-waters imprisoned in the pores of the older stratified rocks, the waters of the sea in ancient times were much richer in salts of lime and magnesia than is the present ocean. Those salts of lime are now piled up in our limestones. One would here obtrude the remark that this solution of the question, making the salts of the sea to have come mainly from the gases and fluids which preceded our present atmosphere, differs from and is more comprehensive than that of those who seem to suppose that they were deposited first as rocks, and then washed down by rivers to the ocean. For example, "The case of the sea," says Fowner, "is but a magnified representative of what occurs in every lake into which rivers flow, but from which there is no outlet except by evaporation. Such a lake is invariably a salt lake. It is impossible that it can be otherwise; and it is curious to observe that this condition disappears when an artificial outlet is produced for the waters."*

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* Maury—Physical Geography of the Sea.

Mr. Hunt touches upon the great changes in organic life attending the gradual removal, in the form of carbonate of lime, of the carbonic acid of the primeval atmosphere. He pictures the earlier forms of air-breathing animals, living in an atmosphere unsuited to support modern reptilian life; the agency of vegetation in decomposing the carbonic acid of the former epoch, depositing the carbon as stores of fossil fuel, and setting free the oxygen to carry on combustion in the bodies of animals; the phenomenon of plants allied to those now growing beneath the tropics, formerly flourishing within the polar circles. In relation to the last point, he says—Dr. Tyndall

> Has found that the presence of a few hundredths of carbonic acid gas in the atmosphere, while offering almost no obstacle to the passage of the solar rays, would suffice to prevent almost entirely the loss by radiation of obscure heat, so that the surface of the land beneath such an atmosphere would become like a vast orchard-house, in which the conditions of climate, necessary to a luxuriant vegetation, would be extended even to the polar regions.

Our author declares that there are excellent reasons for believing granite to be, not, as has been taught, the primitive rock or substratum of the earth, but that it is of sedimentary origin; the quartz, he says, which it contains, being capable of being generated, so far as we know, only by aqueous agencies. This so-called primitive rock, therefore, he considers to be made up of materials deposited from water-like beds of sand and gravel, acted on by heat, and reduced to a condition very much like that of slag or lava. It is one form of plutonic rock.

Mr. Hunt is convinced that the theory of volcanic phenomena put forth by Sir John F. W. Herschel best accords with the known facts of chemistry and physics. This theory is that volcanoes are vents through which certain fused rocks and confined gases find their way to the surface. The fused rocks are of sedimentary origin, acted on by heat (in presence of the water which everywhere filled their pores), with a great disengagement of gases, such as carbonic and hydrochloric acids, and sulphur compounds.

In the light of the theories set forth by the lecturer, he thinks to render justice to both the opposing schools—the plutonists and the neptunists—which divided the scientific world in the last generation. "We have seen," he says, "how actions dependent on water and acid solutions have operated on the primitive plutonic mass, and how the resulting aqueous sediments, when deeply buried, come again within the domain of fire, to be transformed into crystalline and so-called plutonic or volcanic rocks."

Ovariotomy—Success of Mr. Spencer Wells's Operations.—In reporting Mr. Wells's Hospital cases of ovariotomy, the *Medical Times and Gazette* of the 4th inst. says:—

> At the operation last week he stated that the total number of his cases in private and hospital practice amounted to 244. In the first 100 cases, 66 patients recovered; in the second 100, 72 recovered; and of the 44 cases since, only 6 have died. For the past eight weeks there has been an ovariotomy every Wednesday at the Samaritan Hospital, and all the patients have done, or are doing, well.

Homœopathy illustrated by its own Disciples.—The following extract from a recent homœopathic publication is too good an explanation of its *modus operandi* to be lost sight of. The italics are our own.

During the last twelve years, I think I may say that I have never been without a case of rachitis under treatment, and that I have not once failed of a perfect and complete cure. The remedies given are silicia, sulphur and calc. c. And *whichever remedy* I gave, and of *whatever potency*, the *result has been the same.* Whether I gave the 30th of silicia, or the 3d or the 6th of calc. c., or the diluted tincture of sulphur, a cure was the invariable result. Indeed, so extraordinary has been my success in these experiments, during so long a period, that *I cannot resist the suspicion that many of the cases* of incurvation of the hollow bones in rickety children *would result in spontaneous cure* if left entirely to the kindly ministrations of nature. To this, perhaps groundless suspicion, however, I would respectfully ask the attention of all medical practitioners.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, January 25th, 1868.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	58	47	108
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.9	40.1	83.0
Average corrected to increased population - - - -	00	00	95.7
Deaths of persons above 90 - - - - - - - -	0	0	0

Publishers' Notice.—The readers of the Journal will find, in the Editorial announcement and in the Advertisement on the last page, a statement of the changes to be made in the work on the commencement of a new volume. We only wish to add here, that with regard to our city subscribers, arrangements with the Boston Postmaster are likely to be made by which the Journal will be delivered in the city weekly through the post-office, on reasonable terms, and, it is believed, in a prompt and satisfactory manner. By this means the present mode of delivery by a carrier, with its attendant and often unavoidable annoyances, will be dispensed with. The small additional expense to those who do not have boxes at the post-office, it is believed will be willingly borne by subscribers in view of the superior advantages of the proposed plan. Further particulars will be given hereafter.

Notice.—Part LVI. of Braithwaite's Retrospect was mailed from this office on the 28th inst. to the members of the Massachusetts Medical Society who have paid their assessments for the year 1867-68. Members who have paid and do not find the books at their post-offices, are requested to forward their vouchers to the Librarian, care of D. Clapp & Son, Medical and Surgical Journal Office, 334 Washington St., Boston.

Communications Received.—Case of Cæsarean Section.—Case of Aphasia.—Case of Laryngotomy.—On the Tactile Sense.

Books and Pamphlets Received.—The Treatment of Diseases of the Throat and Lungs by Inhalations, with a new Inhaling Apparatus. By Emil Siegle, M.D. Translated from the Second German Edition by S. Nickles, M.D. Cincinnati: R. W. Carroll & Co. 1868.—Address before the Philadelphia County Medical Society, delivered January 23, 1867, by Wm. Mayburry, M.D., at the close of his official term as President.

Married,—In Providence, R. I., Jan. 15th, Oliver Henry Arnold, M.D., of Pawtucket, to Miss Emma Josephine Ayer, of Providence.—In Montpelier, Vt., Jan. 9th, Dr. H. G. Staples to Miss Ellen A. Dodge, both of Montpelier.

Died,—At East Providence, R. I., Dec. 21st, Dr. Thomas W. Aspinwall, aged 49 years.—At Lowell, Jan. 23d, Dr. James G. Bradt.

Deaths in Boston for the week ending Saturday noon, Jan. 25th, 105. Males, 58—Females, 47. Abscess, 1—accident, 2—aneurism, 1—apoplexy, 3—inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 2—bronchitis, 2—burns, 1—cancer, 1—cholera morbus, 1—consumption, 15—convulsions, 1—croup, 1—debility, 1—diabetes, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 1—epilepsy, 2—erysipelas, 2—scarlet fever, 14—typhoid fever, 2—gastritis, 1—disease of the heart, 5—infantile disease, 5—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 10—marasmus, 1—measles, 2—paralysis, 4—peritonitis, 1—premature birth, 1—scrofula, 2—suicide, 2—tabes mesenterica, 1—teething, 1—unknown, 7—whooping cough, 2.

Under 5 years of age, 46—between 5 and 20 years, 10—between 20 and 40 years, 20—between 40 and 60 years, 19—above 60 years, 10. Born in the United States, 72—Ireland, 23—other places, 10.

HARVARD UNIVERSITY.

Medical Department.

EIGHTY-FOURTH

MEDICAL COURSE,

1867–68.

BOSTON:
DAVID CLAPP & SON.....334 WASHINGTON ST.
Medical and Surgical Journal Office
1867.

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Adjunct Professor of Clinical Medicine.

RICHARD M. HODGES, M.D.
Adjunct Professor of Surgery and Clinical Surgery.

JAMES C. WHITE, M.D.
Adjunct Professor of Chemistry, and Lecturer on Diseases of the Skin.

GEO. C. SHATTUCK, M.D.,
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Assistant Professor and Demonstrator of Anatomy.

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University Lecturer on Laryngoscopy and Diseases of the Larynx.

HASKET DERBY, M.D.
University Lecturer on Ophthalmology.

SAMUEL L. ABBOT, M.D.
Instructor in Obstetrics.

FRANCIS MINOT, M.D.
Instructor in Theory and Practice.

FITCH E. OLIVER, M.D.
Instructor in Materia Medica.

J. NELSON BORLAND, M.D.
Instructor in Clinical Medicine.

JOHN P. REYNOLDS, M.D.
Instructor in Clinical Medicine.

CHARLES W. SWAN, M.D.
Instructor in Theory and Practice.

CHARLES B. PORTER, M.D.
Assistant Demonstrator.

ANNOUNCEMENT.

The Medical School of Harvard University is established in Boston, in order to secure those advantages for clinical instruction and for practical anatomy, which are found only in large cities. The Medical College is near the Massachusetts General Hospital, and abundant clinical instruction is there given to the students of the Medical School. Clinical instruction is also given at the City Hospital, the Marine Hospital at Chelsea, the Eye and Ear Infirmary, and the Dispensary. In these Institutions many thousands of patients are treated annually, and opportunity is offered to study diseases of the eye, and syphilitic diseases, as well as the usual medical and surgical affections.

The School is furnished with a large and valuable Museum, and is provided with the most approved conveniences for the practical study of Anatomy and Chemistry. The course of instruction is continued throughout the year, with a vacation of eight weeks in summer. The Winter Course of Lectures begins on the first Wednesday in November, and continues seventeen weeks. The Summer Session affords opportunities to those who would pursue their course continuously in the School.* Access is afforded to Lectures, given at the University in Cambridge, on Comparative Anatomy, Zoölogy, Botany, Optics, Acoustics, and other subjects connected with Medicine and Surgery. A Clinical Conference is held every week, at which students are practised in observation, diagnosis, prognosis, and treatment, under the guidance of professors and hospital physicians and surgeons. Six House Pupils are annually appointed from the students by the Trustees of the Massachusetts General Hospital, according to ability and worth, ascertained by personal knowledge and written testimony. Five House Pupils are selected, on competitive examination by the Medical Board of the City Hospital, to occupy offices in that institution. Two Examinations for medical degrees are held annually, viz.: in March, at the close of the Winter Lectures, and in July, just prior to the University Commencement at Cambridge.

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* A detailed account of the lectures and recitations of the Summer Session can be found in the annual advertisement of that term, which will be forwarded to any address on application to D. Clapp & Son, 334 Washington Street, Boston.

WINTER SESSION,

1867—68.

The regular Winter Course of Lectures will begin on the *first Wednesday in November*, and continue seventeen weeks. It will be the aim of the Professors to present theoretically, clinically, and in the operating room, a comprehensive and illustrated view of the important scientific and practical details of medical and surgical science.

This course of lectures is complete in itself, and is the usual winter course of medical colleges. Its duration has not been augmented; but a Summer Term has been established. The Corporation of Harvard College, at the instance of the Medical Faculty, authorized the latter to extend the term of instruction, for students who desire it, throughout the year. This arrangement has now for many years been carried into effect; and the Faculty has been gratified to find that this policy, of the advantages of which there can be little doubt, has since been so generally appreciated.

In announcing the Eighty-Fourth Course of Lectures, the Faculty feel justified in stating that the greatly increased number of students attending the sessions of the Medical Department, testifies to the excellent facilities for acquiring medical knowledge offered by the scientific resources of the New England metropolis.

The Massachusetts General Hospital, established in 1811, and contiguous to the Medical School, the new City Hospital on Harrison Avenue, and the various medical institutions of the city, are all rendered available to medical students; and no means or opportunities are neglected by the Faculty which shall enable those attending the Winter Course to obtain thorough and practical acquaintance with the subjects of their studies. As evidence of the very large opportunity afforded for the observation and study of Practical Surgery, the list of Surgical Operations performed, in presence of the class, at the Massachusetts General Hospital, during the year ending March 1st, 1867, is here appended.

Operations at the Mass. Gen. Hosp. from March 1, 1866, *to March* 1, 1867.

Amputation, Hand,	1
Fingers,	8
Thigh,	8
Leg,	12
Toes,	7
Breast,	24
Reamputation, Stump,	8
Anchylosis, Shoulder,	2
Wrist,	1
Knee,	2
Artery, Lig. of, Brachial,	1
Post. Tibial,	1
Blepharoplasty,	1
Bullet, removed,	4
Carbuncle,	4
Caries,	3
Dislocation, Shoulder,	6
Elbow,	3
Radius,	2
Hip,	2
Enucleation, Eye,	2
Epulis,	1
Excision, head of Femur,	1
Elbow,	1
Superior Maxilla,	1
Inferior "	2
Fistula in Ano,	14
Felon,	7
Harelip,	3
Hemorrhoids,	17
Hernia, Inguinal,	3
Femoral,	1
Hydrocele,	10
Hypospadias,	1
Imperforate Rectum,	1
Lithotrity,	5
	170
Numbers bro't forward,	170
Nevus,	8
Necrosis,	50
Perineum (ruptured),	2
Perineal Section,	10
Phymosis,	8
Paraphymosis,	1
Plastic Operations,	10
Polypus Nasi,	6
Recti,	1
Uteri,	2
Removal of Needle,	1
Steel,	3
Toe Nail,	4
Rhinoplasty,	1
Staphyloraphy,	2
Strabismus,	3
Stricture of Rectum,	1
Talipes,	15
Testis (removed),	6
(incised),	2
Tracheotomy,	2
Trephining,	3
Tumor, Epithelial,	27
Erectile,	5
Fatty,	8
Fibrous,	3
Fibro-Cellular,	2
Glandular,	12
Myeloid,	2
Encysted,	7
Varicose Veins, Lig. of,	2
Varicocele, "	1
Vesico-Vaginal Fistula,	8
Wiring ununited Fracture,	2
Minor Operations,	69
	459

SPECIAL BRANCHES OF STUDY.

The following branches are annually taught:—Anatomy and Physiology; Comparative Anatomy; Physiology and Pathology of the Nervous System; Pathological Anatomy; Surgery, Clinical and Operative; Theory and Practice; Clinical Medicine; Midwifery and Medical Jurisprudence; Materia Medica; Chemistry.

Anatomy and Physiology. — The Lectures on these branches are largely illustrated by the anatomical preparations and models of the Warren Museum, and by an extensive series of colored drawings and diagrams. In addition to his regular Lectures, Prof. Holmes gives practical instruction upon the use of the MICROSCOPE, as applied to the branches which he teaches. A very ample collection of microscopic preparations is employed in illustrating this department of study.

The Assistant Professor of Anatomy will conduct an examination, twice a week, on all the matter gone over in the Anatomical Lectures.

Physiology and Pathology.—This department is under the charge of Prof. C. E. Brown-Sequard. The lectures are practical and largely illustrated by cases, experiments, dissections and demonstrations.

Practical Anatomy.—Anatomical material is abundantly furnished, and at a very moderate cost. The Dissecting-room is well warmed, and ventilated; supplied with numerous water-fixtures, and the tables lighted by brilliant gas-reflectors. It is furnished with the Anatomical Plates of Bourgery, and with excellent Diagrams of the Nervous System. It is open day and evening; and contains every facility for becoming thoroughly acquainted with the anatomy of the human body.

The Demonstrator, or Assistant Demonstrator, will attend daily in the Dissecting Room, and superintend the Dissecting.

Pathological Anatomy.—The Lectures upon this branch are abundantly illustrated by specimens from the Warren Anatomical Museum, and from the large cabinet of the Boston Society for Medical Improvement. A great variety of morbid products are also exhibited to the class *in the recent state.*

The *Autopsies* at the Massachusetts General Hospital, which are conducted under the immediate direction of Prof. C. Ellis, and at the City Hospital by Dr. Swan, afford the student an invaluable opportunity to become familiar both with the proper manner of conducting such examinations, and with the changes produced by disease.

Surgery. — The Surgical Lectures are illustrated by a magnificent collection of colored drawings, and by recent and morbid specimens. All the new and approved surgical instruments and apparatus are exhibited, and their use explained. In addition to operations on the living subject at the Hospital, operative surgery is taught and operations are performed upon the dead body, as a part of the illustrations of the Surgical Lectures.

Clinical Surgery is taught at the MASSACHUSETTS GENERAL HOSPITAL by Prof. Bigelow. Operations occurring at the Hospital are performed in the presence of the class. These operations are explained, and the points in surgery which they illustrate are dwelt upon at length, by the Professor, in his general as well as in his clinical Lectures. Students are enabled to examine for themselves the surgical cases which are to be found in this metropolitan Hospital, and at the City Hospital, with the surgeons of that institution. They also have ample opportunity to become familiar with fractures and minor surgery.

Surgical Operations.—Especial attention is directed to the great number and variety of SURGICAL OPERATIONS performed weekly at the MASSACHUSETTS GENERAL HOSPITAL, and at the CITY HOSPITAL, in the presence of the students, and to the Clinical Surgical instruction which is given in both these Hospitals.

Theory and Practice of Medicine.—The Theory of Medicine, or Pathology, general and special, is taught by lectures, recitations and examinations at the Medical College. The Practice of Medicine is taught in the wards of the MASSACHUSETTS GENERAL HOSPITAL, and of the CITY HOSPITAL, where students meet the Professor at the bed-side three times in each week.

Clinical Medicine—Is taught IN THE WARDS OF THE MASSACHUSETTS GENERAL HOSPITAL, and of the CITY HOSPITAL, and in lectures at the Medical College. Prof. BOWDITCH will also give especial instruction on Auscultation and Percussion, and on the diagnosis of diseases of the Heart and Lungs.

Dermatology.—A course of lectures on Diseases of the Skin, illustrated by cases selected from the out-patients of the Massachusetts General Hospital, will be given by Prof. JAMES C. WHITE.

By arrangements with the managers of the BOSTON DISPENSARY, the medical class are admitted to the medical and surgical practice of this large charity. More than eight thousand patients are treated annually at the Dispensary. An extended opportunity is here afforded for the clinical study of diseases of the skin and of the eye and ear, and of syphilis, as well as of ordinary cases.

Society for Medical Observation.—Profs. Bowditch, Ellis, Hodges, White, Cheever and other medical gentlemen, will meet the students once a week for the reading of cases and for criticism thereupon. These meetings form, indeed, a Society for Medical Observation. From the great interest heretofore exhibited in them by the students, the Professors cannot forbear recommending them as one of the important features of this course of college instruction.

Midwifery.—The Lectures on this branch are eminently practical. Every opportunity is embraced to illustrate them with plates, specimens and diagrams. The various manipulations, a familiarity with which is indispensable to the accoucheur, are taught by means of the manikin. All modern and valuable obstetric instruments are exhibited and their use explained.

Medical Jurisprudence is taught by the Professor of Midwifery. The course exhibits the principles of legal medicine, and treats of the practical matters which are involved in the position and duties of experts, in medical testimony, and in the examination of medico-legal questions.

Materia Medica. — The physiological and therapeutical action and properties of drugs are especially dwelt upon. An extensive collection of specimens and pharmaceutical preparations is used to illustrate the lectures. Every opportunity is embraced to teach this department from the point of view of Therapeutics.

Chemistry. — The Lectures on this branch include both inorganic and organic Chemistry. Particular attention is given to Animal Chemistry and its relations to Physiology and Pathology. A special course on Toxicological Chemistry will be given during the ensuing winter. The lectures are fully illustrated by experiments.

Hospitals. — The extensive wards of the *Massachusetts General Hospital*, on Allen street, adjoining the College, and of the *City Hospital*, on Harrison Avenue, contain a very large aggregate of patients. The medical and surgical practice of these Hospitals is open to students gratuitously, subject to the regulations of the Trustees. Clinical instruction is given in them, in medicine, surgery and ophthalmic surgery, illustrated by cases in the wards, by weekly surgical operations, and by a large Ophthalmic Clinique. [See " Special Branches of Study."]

Warren Museum.—The magnificent hall of the Warren Anatomical Museum is open to students for the inspection and study of specimens, under the direction of Prof. Jackson, the Curator.

Library.—The *Library* contains a large collection of modern medical works, and many duplicates of the best Text Books. Yearly additions are made to the Library, which is open to students.

Massachusetts Eye and Ear Infirmary.—An excellent opportunity is afforded to medical students for the clinical study of diseases of the Eye and Ear, at this Infirmary, which, by the liberality of its medical officers, is accessible, without fee, during their visit in the wards.

United States Marine Hospital, Chelsea.—Dr. Graves has kindly consented to allow students to visit the patients at this Hospital. Students will here find, among other subjects for study, a large collection of diseases incident to such an Institution.

Fees. — Fees for the Winter Course of Lectures, $121; Matriculation fee, $5 (to be appropriated to the increase of the Library, and is to be paid to the Dean); Graduation fee, $30. A fee of $5 is to be paid by those students who use the Dissecting Room during the winter months

Boarding-Houses. — Good board can be obtained in the city at from $4 to $6 per week.

☞ Students are invited, upon coming to town, to call upon Dr. Shattuck, Dean of the Faculty, 2½ Staniford Street, who will be happy to afford them any information in his power, and to whom all letters must be addressed.

SUMMER SESSION,

1867.

The Summer School is designed to cover the entire course of Medical and Surgical study, by daily Recitations, Demonstrations, Hospital Attendance, Examinations and Lectures, thus accomplishing thoroughly, by a division of labor, what must otherwise be undertaken by a single physician. The statute regulations relative to medical degrees require "three years of professional study under the direction of a regular practitioner of medicine." The Faculty of the University, by means of this Summer Session, collectively furnish the detailed instruction necessary for the fulfilment of this law, bringing to their aid all the facilities afforded by a large city, and the advantages of a long-established School. This method was first adopted in Boston twenty-five years ago, and the success which has attended the system has led to a general recognition of its great superiority for the acquirement of a medical education.

The College is in the immediate neighborhood of the Massachusetts General Hospital, and the very large number of surgical operations of every variety performed twice a week at this institution, during the whole Summer Session, affords a great opportunity for information to students interested in Practical Surgery.

Subjects for dissection and cases of midwifery are supplied without charge, and the Chemical Laboratory is open for the practical study of Chemistry to students of the Summer School. There is also a room devoted to practical instruction in the use of the Microscope in pathological anatomy.

The following Schedule of Recitations and Lectures of the present year will convey an idea of the character and extent of instruction given The announcement of the Summer School will be forwarded to any address, on application to D. Clapp & Son, 334 Washington Street, Boston.

FIRST TERM.

Recitations.

Practical Anatomy. March and April, twice a week. *Surgical Anatomy,* April, 5 o'clock, daily, in the Dissecting Room.

Pathological Anatomy. March, April, May and June, twice a week.

Comparative Anatomy. Embryology, March, April, May and June, twice a week.

Obstetrics. March, April, May and June, twice a week.

Surgery. March, April, May and June, twice a week.

Physiology. March, April, May and June, twice a week.

Theory and Practice. March, April, May, June and July, twice a week.

Chemistry. June and July, twice a week. The *Chemical Laboratory* is open for instruction during the summer months.

Materia Medica. June and July, twice a week.

Clinical Medicine. June and July, twice a week.

Clinical Surgery. July, once a week.

CLINICAL INSTRUCTION.

Massachusetts General Hospital. Medical Visits, Monday and Thursday; Clinical Medical Lecture, Monday; Surgical Visits, Wednesday and Saturday; Surgical Operations, Wednesday and Saturday; Clinical Surgical Lecture, Thursday.

City Hospital, Tuesday and Friday. Ophthalmic Clinique, Tuesday; Clinical Surgical Lecture, Friday; Surgical Operations, Friday.

Clinical instruction is also given at the Dispensary, the Massachusetts Eye and Ear Infirmary, and at the U. S. Marine Hospital, Chelsea.

Lectures at Cambridge.

On the *Mutual Relation of the Sciences.*

On *Botany*—On *Natural Philosophy.*

Rumford Lectures on Heat.

Prof. AGASSIZ at the *Museum of Comparative Zoölogy.*

SECOND TERM.

Recitations.

Anatomy, twice a week; *Practical Anatomy,* October, daily, in the Dissecting Room.

Theory and Practice, four times a week.

Chemistry, twice a week.

Materia Medica, twice a week.

Clinical Medicine, twice a week.

Clinical Surgery, once a week.

Lectures on the Microscope.

Clinical Instruction, as during the first term.

Lectures at Cambridge.

Anatomy, Prof. WYMAN.

TEXT-BOOKS

Recommended by the Faculty, in the order in which they appear. The first named in each department is the text-book used in recitation.

Anatomy.

Wilson's Anatomy.
Gray's Anatomy.

Collateral Reading,

Sharpey and Quain.
Bell.
Kölliker.
Wilsons's Practical and Surgical Anatomy.
Holden's Osteology.

Practical Anatomy.

Hodges's Dissections.
Harrison's Dublin Dissector.

Ellis's Demonstrations.
Holden's Manual of Dissections.

Physiology.

Dalton's Human Physiology.
Carpenter.

Todd and Bowman.
Cyclopædia of Anatomy and Physiology.
Draper.
Müller.

Pathological Anatomy.

Virchow's Cellular Pathology.
Paget's Surgical Pathology.

Vogel.
Rokitansky.

Surgery.

Druitt's Surgery.
Malgaigne's Operative Surgery.
Gross's Surgery.

Paget's Lectures on Surgical Pathology.
Erichsen's Surgery.
Holmes's Surgery.

Theory and Practice, and Clinical Medicine.

Flint's Practice of Medicine.
Tanner's " "
Wood's " "
Watson's Theory and Practice.
Aitkin's Science and Practice of Medicine.

Condie's Diseases of Children.
West's " "
Bennett's Clinical Lectures.
Todd's Clinical Lectures.
Reynolds's System of Medicine.

Diseases of Women.

Ashwell's Diseases of Women.

Colombat's Diseases of Women.

Midwifery.

Churchill's System of Midwifery, and Diseases of Females.

Ramsbotham's Midwifery.
Cazeaux's "

Materia Medica.

United States Dispensatory.
Trousseau and Pidoux.
Wood's Therapeutics and Pharmacology.
Pereira.
Parrish's Practical Pharmacy.
Stillé's Therapeutics and Materia Medica.

Chemistry.

Brande and Taylor's Chemistry.
Lehmann's Physiological Chemistry.
Miller; Graham.
Day's Physiological Chemistry.
Odling's Animal Chemistry.
Bowman's Medical Chemistry.

Medical Jurisprudence.

Taylor's Medical Jurisprudence.
Beck's Medical Jurisprudence.

Comparative Anatomy and Physiology.

Carpenter's Principles of Comparative Anatomy.
Huxley's Elements of Comparative Anatomy.
Owen's Lectures on Comparative Anatomy.

Zoölogy.

Carpenter's General and Comparative Physiology, 4th ed.
Wagner's Comparative Anatomy of Vertebrated Animals.
Agassiz's Lectures on Comparative Embryology.
Owen's Lectures on Comparative Anatomy.
Müller's Physiology.

Botany.

Gray's Botanical Text-Book; or Gray's First Lessons.
Gray's Manual of the Botany of the Northern United States.

FEES FOR THE SUMMER SESSION.

The fee for matriculation is $5. This is appropriated to the increase of the Library, and is to be paid to the Dean.

The fee for instruction during the long Term, from the first of March to the first of November (from July 14th to September 13th being appropriated to a vacation), is $100. The fee for the entire year, for the Winter Lectures as well as for the Summer Course, is $200. The fee for graduation is $30.

The dissecting room is open during the months of March, April and October, and supplied with subjects for the use of students of the Summer Course without additional expense. There is no charge for the use of the Library or for visits to the Hospitals.

The introduction of a Summer Course of instruction involves no change in the amount or character of the Winter Course of Lectures as heretofore conducted, nor in the requisites for a medical degree.

☞ Students are invited, on coming to town, to call upon Dr. Shattuck, Dean of the Faculty, 2½ Staniford Street, and to whom all letters must be addressed.

CATALOGUE OF STUDENTS.

1866—67.

NAME.	RESIDENCE.	INSTRUCTORS.
Adams, Frank Wayland, A.M. (Amherst Coll.)	*Brookfield,*	John S. Butler.
Adams, Orion John Hall,	*Georgetown, Ky.*	Harv. Med. School.
Aldrich, Ezra Barnes,	*Lowell,*	Levi Pierce.
Allen, Josiah Harding,	*Barre,*	Charles G. Allen.
Andrews, Charles T., A.B. (Acadia Coll.)	*Nova Scotia,*	D. McN. Parker.
Andrews, Joseph,	*St. John, N. B.*	Robert Provan.
Armstrong, Robert,	*New Brunswick,*	J. R. Hagerman.
Arnold, Oliver Henry, A.B. (Brown Univ.)	*Providence, R. I.*	A. Howard Okie, Harv. Med. School.
Ballard, Albert Manley,	*Framingham,*	Dr. Burnham.
Barber, Charles Joseph,	*Winchester, N. H.*	G. B. Twichell, Pliny Earle.
Barden, Edward Emery,	*Rockport,*	S. H. Worcester.
Barnaby, Clarence D.	*Cornwallis, N. S.*	J. M. Barnaby.
Barstow, Rogers Levi,	*Mattapoisett,*	Dr. Sweet.
Barteaux, Edward Lawrence,	*St. John, N. B.*	Harv. Med. School.
Basset, Elton James,	*Taunton,*	S. D. Presbrey.
Baylies, Alfred Wood,	*Taunton,*	Dr. Baylies.
Beach, Henry Harris Aubrey,	*Cambridge,*	J. Stearns.
Berry, James Alonzo,	*Newton Corner.*	
Bishop, William Patten,	*Bathurst, N. B.*	John Pallen.
Blaisdell, George Carr,	*Goffstown, N. H.*	Alonzo F. Carr, W. D. Buck, L. B. How.
Blaisdell, Walter Channing,	*Boston,*	J. S. Jones.
Blake, John Tower,	*Providence, R. I.*	H. W. King.
Blood, Robert Allen,	*Springfield, N. H.*	H. C. Bickford.
Boardman, Edward Everett,	*Somerville,*	C. H. Spring.
Boardman, William Elbridge, A.B.	*Boston,*	Harv. Med. School.
Bodge, James Henry, A.B. (Dart. Coll.)	*Boston,*	Harv. Med. School.
Boner, Charles Albert,	*Boston,*	M. Rosenstein.
Boothby, Alonzo, M D.	*Boston.*	
Boothby, Austin Alphonso,	*Livermore, Me.*	Alonzo Boothby.
Borden, Frederic William, A.B. (King's Coll., N.S.)	*Cornwallis, N. S.*	J. Borden.
Borden, Henry Francis, S.B.	*N. Bridgewater,*	A. K. Borden.
Botterell, James Albert,	*St. Johns, N. F.*	Harv. Med. School.
Boutwell, Henry Thatcher, A.B.	*Nashua, N. H.*	J. Wyman.
Bowditch, Henry Pickering, A.M.	*W. Roxbury,*	J. Wyman, Harv. Med. School.
Bowen, William Shaw,	*E. Greenwich, R. I.*	Harv. Med. School.
Boyd, Robert Alfred,	*Nashua, New Prov*	W. Kirkwood, Harv. Med School.
Bradford, Thomas Lindsley,	*Francestown, N. H.*	O. L. Bradford.
Brigham, Charles Brooks, A.B.	*Boston,*	J. Wyman.

NAME.	RESIDENCE.	INSTRUCTORS.
Brigham, Edwin Howard,	*Boston,*	A. N. McLaren, Harv. Med. School.
Brine, John Frederic,	*Halifax, N. S.*	W. J. Almon.
Brooks, George Frederic,	*Cambridgeport,*	Alonzo Boothby.
Bull, George Henry,	*Hartford, Ct.*	G. W. Russell.
Buttrick, Abner Wheeler, A.B. (Williams Coll.)	*Lowell,*	D. Gage.
Caldwell, Arthur Brooks,	*Hillsboro', Va.*	J. F. Taylor, Harv. Med. School.
Caldwell, Charles, A.B. (Dart. C.)	*Byfield,*	W. D. Buck, L. B. How.
Caldwell, Charles Edmund,	*Woodstock, N. B.*	S. Woodford, Charles Cornell.
Caldwell, William Minns,	*St. John, N. B.*	Dr. Baxter.
Campbell, Duncan,	*Nova Scotia,*	H. Cameron.
Carleton, Charles Greenleaf,	*Haverhill,*	A. P. Hooker, Harv. Med. School.
Carpenter, Frederic Benoni,	*Pawtucket, R. I.*	B. Carpenter, L. Morton.
Carvill, Alphonso Holland, A.B. (Tufts Coll.)	*Lewiston, Me.*	H. C. Bradford.
Casey, Kitson,	*New Brunswick,*	John Kitchen, J. E. Price.
Chase, Theodore, A.M.	*Boston.*	
Chenery, Elisha, M.D.	*Cambridgeport.*	
Chipman, Henry, A.B. (Kings Coll., N.S.)	*Cornwallis, N. S.*	J. Borden.
Chisholm, Donald,	*Nova Scotia,*	H. Cameron.
Churchill, John Henry,	*Boston,*	Rufus Baker.
Cilley, Orran George,	*Biddeford, Me.*	J. Sawyer.
Clark, William Johnson,	*Chester, Vt.*	H. P. Hemenway.
Cleaves, Royal Lewis,	*Bridgeton, Me.*	J. H. Kimball.
Clough, Benjamin Franklin,	*Boston,*	J. H. Dix.
Coggswell, Edward Russell,	*Cambridge,*	Harv. Med. School.
Coleman, James Anderson,	*Nova Scotia,*	E. N. Payzant.
Colgrove, Charles Hiram,	*Boston,*	J. B. Sawyer.
Collie, James Ross,	*Pictou, N. S.*	E. D. Roach,
Connelly, Michael E.	*Weedsport, N. Y.*	William Bass.
Corey, Frank Edwin,	*Sturbridge,*	E. Witter.
Corbett, Henry Thomas,	*Kingston, C. W.*	H. Yates, J. R. Dickson.
Cornish, Ellis Holmes,	*Halifax,*	Robert Provan.
Cowdrey, Stevens George, A.M.	*Woburn,*	J. Underwood, H. H. F. Whittemore.
Cowperthwait, Henry Nelson,	*Boston,*	H. L. McDonald.
Crane, Albert, M.D.	*New York City.*	
Cram, Ashbel Henry,	*Portland, Me.*	T. F. Perley.
Crawford, John William,	*Lawrence,*	M. Roberts.
Cruise, William,	*Richebucto, N. B.*	Dr. McLaren.
Cushing, Henry Joseph, A.B. (Waterv. Coll.)	*Skowhegan, Me.*	J. S. Cushing.
Daly, James,	*Lawrence,*	M. Roberts.
Davis, Charles Henry,	*Sterling,*	Harv. Med. School, U. S. Marine Hos.
Derby, Richard Henry, A.B.	*Boston,*	J. Wyman.
Des Brisay, Thomas De La Cour,	*Dartmouth, N. S.*	T. B. Des Brisay.
De Wolf, Albert,	*Wolfeville, N. S.*	Harv. Med. School.
Dodd, Simon Walker,	*Charlottetown, P.E.I.*	H. Johnson, Harv. Med. School.
Doe, Orlando Witherspoon, A.B.	*Boston,*	Harv. Med. School.

NAME.	RESIDENCE.	INSTRUCTORS.
Doherty, Hugh, A.M. (Will. Coll.)	*Boston,*	H. G. Clark.
Donaldson, Niles Ichabod,	*Bombay, N. Y.*	Dr. Burnham.
Dorrance, Samuel Richmond, A.M. (Brown Univ.)	*Providence, R. I.*	C. W. Parsons.
Dow, William Wellman,	*Dover, N. H.*	T. J. W. Pray, Harv. Med. School.
Drake, Olin Milton,	*Boston,*	O. S. Sanders.
Draper, Edgar Le Roy,	*Ware,*	E. C. Richardson, Harv. Med. School.
Draper, Frank Winthrop, A.M. (Brown Univ.)	*Wayland,*	Harv. Med. School.
Draper, Joseph Rutter, M.D.	*Boston.*	
Dresser, Simeon Parker,	*Grafton, Vt.*	George Dresser.
Drury, Orsamus Monroe,	*Athol,*	James Coolidge.
Dunham, Benjamin Eugene,	*East Abington,*	Dr. Tanner.
Dunham, Martin Van Buren,	*N. Bridgewater,*	J. F. Richards.
Durgin, Samuel H., M.D.		
Dwight, Thomas, Jr.	*Boston.*	Harv. Med. School.
Elliott, Herbert,	*Halifax, N. S.*	C. Wesselhoeft.
Emerson, Justin Edwards, A.B. (Will. Coll.)	*Hawaiian Islands,*	D. W. Miner.
Emerson, Nathaniel Bright, A.B. (Will. Coll.)	*Hawaiian Islands,*	S. Clapp.
Emery, Erastus,	*Chatham,*	M. E. Simmons.
Eudy, Leonard Marshall,	*Bethlehem, N. H.*	G. S. Gove.
Evans, Branch Eldridge,	*Pictou, N. S.*	Harv. Med. School.
Fales, George Henry, A.B.	*Boston,*	I. I. Fales.
Farlow, William Gilson, A.B.	*Newton,*	J. Wyman.
Fenn, A. I., M.D.		
Fichtenkam, Henry Lamartine,	*St. Louis, Mo.*	Harv. Med. School.
Fisher, John Bryant,	*Hanson,*	J. C. Stockton, D. Chaplin.
Fitz, Reginald Heber, A.B.	*Brookline,*	Harv. Med. School.
Fleming, Alexander,	*Stanley, N. B.*	D. Evans, Dr. Gregory.
Folsom, Edward Channing,	*South Reading,*	Harv. Med. School.
Folsom, Charles Follen, A.M.	*Cambridge,*	D. W. Cheever, J. Wyman.
Fontaine, Isaac,	*Blackstone,*	J. A. Lainglais.
Forman, Jacob Gilbert,	*Boston,*	John T. Hodgen.
Forster, Edward Jacob,	*Charlestown,*	A B. Bancroft, Harv. Med. School.
France, Shirley Henry,	*Boston,*	L. E. Franks, *Boston,* F. W. Campbell, *Montr'l.*
Frazer, Frederick Lyman,	*Newton.*	
Freeman, Samuel, M.D.	*Chelsea.*	
Frink, Charles Totman,	*Greenfield,*	E. A. Frink.
Fulton, John Beverage,	*Boston,*	S. M. Logan, Harv. Med. School.
Gage, William Hathorne,	*Exeter, N. H.*	Harv. Med. School.
Galligan, Francis Edward, A.B. (Coll. Holy Cross)	*Taunton,*	C. T. Hubbard.
Garvie, Frank Forbes,	*Halifax, N. S.*	John B. Garvie, Arthur Moren.
Garvin, Lucius Fayette Clark, A.B. (Amh. Coll.)	*Pawtucket, R. I.*	W. F. Perry, Harv. Med. School.
Gavin, Michael F., M.D.		
Gay, George Washington,	*Swanzey, N. H.*	G. L. Underwood, G. B. Twichell.

NAME.	RESIDENCE.	INSTRUCTORS.
Gleason, Jubal Converse, A.B. (Amh. Coll.)	*Hubbardston,*	L. F. Billings.
Goddard, Elliot,	*Charlestown.*	
Goodwin, Charles,	*South Reading,*	C. Jordan.
Gordon, John Alexander,	*New Perth, P. E. I.*	J. E. Robertson, J. Knox.
Goss, Francis Webster, A.M.	*Cambridge,*	Harv. Med. School.
Gove, Charles Stephens,	*Whitefield, N. H.*	J. W. Barney.
Granger, James, Nathaniel, Ph. B. (Brown Univ.)	*Providence, R. I.*	Geo. E. Mason.
Greenleaf, Richard Cranch, Jr., A.B.	*Boston,*	J. Wyman.
Gunter, Leverett Duncan,	*Fredericton, N. B.*	U. S. Marine Hos. Harv. Med. School.
Gusman, Constantine Carolus,	*Nicaragua,*	Harv. Med. School.
Hahn, Ammi Ruhamah, A.B. (Dart. Coll.)	*East Boston,*	Harv. Med. School. W. H. Thorndike.
Hale, Josiah Little, Jr., A.M. (Hobart Coll. N.Y.)	*Newburyport,*	F. A. Howe, Harv. Med. School.
Hall, Sidney Storrs,	*Rosendale, Wis.*	Storrs Hall, Stephen Cushing.
Handy, George Warren,	*Iowa City, Ia.*	Harv. Med. School.
Harris, Francis Augustine, A.B.	*W. Cambridge,*	J. C. Harris.
Harris, Frederic Morton,	*Boston,*	D. K. Warren.
Hastings, William Henry Howe,	*Sterling,*	G. L. Underwood, Harv. Med. School.
Hatch, William Allen, A.M. (Waterv. Coll.)	*Waterville, Me.*	J. H. Seoon, S. A. Allen.
Hatton, George Eversdyke,	*Dedham,*	Harv. Med. School.
Heaton, Charles William, A.M.	*Boston,*	George Heaton.
Hibbard, William Warner,	*Worcester,*	F. H. Kelley.
Hildreth, John Lewis,	*Peterboro', N. H.*	W. D. Buck, L. B. How., Albert Smith.
Hill, Edward Henry,	*Harrison, Me.*	E. M. Wight, G. L. Kilgore.
Hodges, William Hammatt,	*Boston,*	Harv. Med. School.
Hill, Francis Orman Jonath. Smith,	*Newburgh, Me.*	J. B. Benjamin.
Holmes, Thomas Burrus,	*Sauk-Centre, Min.*	Dr. Kinne.
Holt, Edward Brown,	*Lowell,*	D. Holt.
Hooper, Henry, Jr., A.B.	*Marblehead,*	E. P. Abbé, Harv. Med. School.
Hosmer, Charles Edward, A.B. (Brown Univ.)	*Bedford,*	Harv. Med. School.
Howard, Edwin Clarence Joseph Turpin,	*Monrovia, Liberia,*	Harv. Med. School.
Hunt, David, Jr.	*Providence, R. I.*	W. von Gottschalck.
Hunt, Moses Nowell,	*Danvers,*	Eben. Hunt.
Hutchinson, George Franklin,	*Cambridge,*	Dr. Field.
Inchby, James,	*St. John, N. B.*	W. W. Gordon.
Jackson, Walter Marsh,	*Providence, R. I.*	A. H. Okie.
Jacobs, Chauncy Alonzo,	*Springfield,*	H. Jacobs.
Jacobs, Thomas Shreve,	*Sidney, N. S.*	G. Jacobs.
James, William,	*Cambridge,*	Harv. Med. School.
Jaques, Edwin Devereux,	*Norway, Me.*	A. L. Hersey.
Jelley, George Frederick, A.B. (Brown Univ.)	*Salem,*	Harv. Med. School.
Jewett, Orin Waite,	*Manchester,*	George A. Priest.
Jordan, Francis Gilbert, Jr.	*St. John, N. B.*	

NAME.	RESIDENCE.	INSTRUCTORS.
Kendall, Frank Marshall,	*Boston,*	Harv. Med. School.
Kendall, Henry Appleton, A.B. (Dart. Coll.)	*E. Concord, N. H.*	Dr. Gage.
Kennedy, George Golding, A.B.	*Dorchester,*	J. Wyman, Harv. Med. School.
Kennedy, James Freeland,	*St. John, N. B.*	Walter Tyrrell.
Kent, Barker Brooks, Jr.	*Boston,*	A. D. Sinclair, Harv. Med. School.
Kimball, James Henry,	*Boston,*	W. H. Lewis.
Kittredge, Charles Marsh, A.B. (Amh. Coll.)	*Mount Vernon, N.H.*	J. S. Butler.
Knight, Edward Balch,	*Providence, R. I.*	W. von Gottschalck.
Lane, Edward Stanley,	*Lunenburg, N. S.*	A. Lane.
Lavene, Alfred Willis,	*Lowell,*	W. Burnham.
Leaver, Thomas Charles, A.B. (King's Coll. N.S.)	*Halifax, N. S.*	J. Borden.
Lerned, Charles Augustus,	*Charlestown,*	Harv. Med. School.
Lewis, Edwin Rufus, A.M. (Amh. Coll.)	*Amherst,*	G. T. Hough, T. T. Seelye.
Lewis, John Albert,	*Truro, N. S.*	Samuel Muir.
Lewis, William Goforth Woodward, A.M. (Woodward Coll.)	*Newton,*	C. G. Goodrich.
Lincoln, Rufus Pratt, A.B. (Amh. Coll.)	*Amherst,*	John Dole.
Logan, William Henry,	*E. Boston,*	S. M. Logan.
Lund, Oscar Frederic, A.B. (Will. Coll.)	*Boston,*	W. H. Lewis.
Lynn, Charles William,	*Boston,*	T. H. Gage.
McCollom, John Hildreth,	*Medford,*	Harv. Med. School.
McDonald, J. A., M.D.	*Charlottetown, P.E.I.*	
McDonald, John F.	*Halifax, N. S.*	Dr. Tupper, Dr. Wickwire.
McDonald, Matthew,	*Boston,*	Harv. Med. School.
McDonough, James Aloysius, A.M. (Coll. Holy Cross,)	*Boston,*	Harv. Med. School.
MacFarlane, Foster,	*Gagetown, N. B.*	J. H. W. Scott.
Mackenzie, Alexander, M.D.	*Boston.*	
Mackie, W. B., M.D.		
Maclaren, Peter,	*New Perth, P. E. I.*	J. E. Robertson.
McLaughlin, James Augustus, M.D.	*Boston.*	
MacLeod, Angus,	*Charlottetown, P.E.I.*	W. G. Sutherland.
McMahon, John Joseph,	*Roxbury,*	Dr. Walker.
McRobert, Edward True,	*Londonderry, N. S.*	Harv. Med. School.
Mann, Benjamin Houston,	*Roxbury,*	Benjamin Mann.
Mansfield, Henry Tucker,	*Boston,*	Harv. Med. School.
Marshall, Albert Quincy, A.M. (Waterv. Coll.)	*Oxford, Me.*	A. L. Hersey.
Massey, John	*U. S. Army,*	J. P. Wright.
Maxfield, James Gardner,	*Lowell,*	Harv. Med. School.
Mead, John Ames,	*Lowell,*	D. P. Gage.
Meloy, James,	*St. John, N. B.*	Wm. W. Gordon.
Merrill, Henry Putnam,	*Andover, Me.*	L. Ingalls.
Milbery, Nathan Bradstreet,	*Wicklow, N. B.*	C. P. Connell.
Miller, Charles Nathaniel,	*New York City,*	J. M. Smith,
Moore, Samuel Lawrence,	*Boston,*	E. B. Moore.
Morrill, Ferdinand Gordon,	*Boston,*	Harv. Med. School.
Morris, Charles Henry,	*Halifax, N. S.*	John B. Garvie.
Morris, Patrick,	*Boston,*	Dr. Gavin.
Morse, Edward Gilead,	*Roxbury,*	Harv. Med. School.

NAME.	RESIDENCE.	INSTRUCTORS.
Morse, Martin Van Buren,	*Salem,*	N. R. Morse.
Morton, David Henry,	*Truro, N. S.*	L. Johnstone, R. S. Black.
Moulton, Benjamin Francis,	*Lynnfield,*	Harv. Med. School.
Munro, Kennedy,	*Pictou, N. S.*	C. H. Munro.
Needham, William Chauncy Hall,	*Groton,*	J. Q. A. McCollister.
Newcomb, George Lewis,	*North Scituate,*	T. H. Dearing.
Nichols, Charles Fessenden,	*Salem.*	
Norrie, William,	*Pictou, N. S.*	Dr. Payzant, Dr. Munro.
O'Brien, John Augustus,	*Boston,*	Harv. Med. School.
Okie, Howard, M.A. (Brown Univ.)	*Providence, R. I.*	A. H. Okie.
Pedolin, Ferdinand Lorck,	*Fredericton, N. B.*	H. Dow.
Perkins, Charles Worthy,	*New Durham, N. H.*	D. T. Parker, Maine Med. School.
Perkins, John Stone,	*Charlestown,*	D. J. McGowan.
Perry, Edward Everett,	*Mansfield,*	W. F. Perry, Harv. Med. School.
Pickman, Hersey Derby,	*Boston,*	E. B. Peirson, Harv. Med. School.
Pillsbury, George Harlan, A.B. (Dart. Coll.)	*Lowell,*	H. Pillsbury.
Plato, Benajah Hanson,	*Hartford, Ct.*	G. S. Brown.
Post, Abner, A.B. (Yale Coll.)	*Westfield,*	G. G. Tucker.
Pratt, Herbert James, A.B.	*Plymouth,*	Harv. Med. School.
Prittie, William Henry,	*Boston,*	J. Roy.
Provencher, Raphaël,	*Nicolet, C. E.*	Harv. Med. School.
Putnam, Charles Pickering, A.B.	*Boston,*	J. Wyman, Harv. Med. School.
Putnam, James Jackson, A.B.	*Boston,*	J. Wyman.
Quincy, Henry Parker, A.M.	*Boston,*	J. Wyman, Harv. Med. School.
Quint, Norman Perkins,	*South Malden,*	W. G. Wheeler.
Randall, John Newton,	*Decatur, Ill.*	S. T. Trowbridge.
Reade, W. Winworth,	*London, Eng.*	
Read, George Edward, A.B. (Brown Univ.)	*Pawtucket, R. I.*	S. Clapp.
Remick, Augustus,	*N. Bridgewater,*	S. S. Gifford.
Reynolds, Henry,	*East Wilton, Me.*	Harv. Med. School.
Richards, George Lancey,	*Somersworth, N. H.*	J. W. Bucknam,
Richardson, William Lambert, A.B.	*Boston,*	Mass. Gen. Hosp. Harv. Med. School.
Robbins, James Henry, A.B. (Amh. Coll.)	*Calais, Me.*	C. E. Swan.
Root, Richmond Barbour,	*Byfield,*	Martin Root.
Rose, Daniel Campbell,	*Eastport, Me.*	M. R. Woodbury.
Rowe, Geo. Howard Malcolm, A.B.	*Boston,*	Harv. Med. School.
Ruddick, William Henderson,	*Boston,*	P. P. Ingalls.
Sanders, Daniel Oliver,	*Annapolis, N. S.*	R. J. Ellison.
Scott, Anderson Lemuel,	*Boston,*	Thaddeus Phelps.
Scruton, Albert Field,	*Lawrence.*	Harv. Med. School.
Shattuck, George Brune, A.B.	*Boston,*	Harv. Med. School.
Shattuck, Laforest Almond,	*Skowhegan. Me.*	R. Greene.
Shreve, Charles James,	*Chester, N. S.*	J. H. Jamieson.

NAME.	RESIDENCE.	INSTRUCTORS.
Shute, Charles Bailey,	*Malden,*	Harv. Med. School.
Simpson, Henry Young,	*Worcester.*	F. H. Kelley.
Simpson, James Laud,	*New Brunswick,*	C. P. Connell.
Simpson, John Henry,	*Boston,*	A. I. Fenn.
Smith, Ira St. Clair,	*New Haven, Ct.*	Harv. Med. School.
Spalding, James Alfred, A.B. (Dart. Coll.)	*Portsmouth, N. H.*	J. F. Hall.
Spalding, Joseph,	*N. Woodstock, Ct.*	H. S. Smith.
Squier, Abiram Francis	*Buffalo, N. Y.*	A. Shattuck, Harv. Med. School.
Stackpole, George Edmund,	*Boston,*	A. B. Hall.
Stevens, Andrew Jackson,	*Haverhill,*	J. Crowell.
Stevens, Edmund Horace,	*Boston,*	H. Stevens, Harv. Med. School.
Stevens, George Beckwith,	*Castine, Me.*	J. L. Stevens.
Stone, William Newcomb,	*Wellfleet,*	T. N. Stone.
Sturgis, Frederic Russell,	*Boston,*	Harv. Med. School.
Stuse, Edward, M.D.	*Massillon, Ohio.*	
Sullivan, Alexis Joseph,	*Chelsea,*	John Ryan.
Sullivan, Patrick Timothy,	*Boston,*	Harv. Med. School.
Sumner, Allen Melancthon, S.B.	*Boston,*	Harv. Med. School.
Sutherland, Neil,	*Pictou, N. S.*	D. A. Dow.
Swasey, Erastus Perry,	*New Bedford,*	C. L. Swasey.
Swett, George Woodbury, A.B.	*West Roxbury,*	Harv. Med. School.
Tabor, James Vaughan,	*Stetson, Me.*	F. W. C. Beavan.
Taylor, Vernon Otis,	*Charlestown,*	W. Mason, Harv. Med. School.
Thayer, Fred. Lyman,	*Newton.*	
Thompson, Frederick Henry	*New Salem,*	Harv. Med. School.
Tower, Charles Bates,	*Cambridge,*	J. Wyman.
Tower, Charles Walter,	*Boston,*	Harv. Med. School.
Tower, James Augustus,	*Boston,*	J. W. Cushing, Harv. Med. School.
Townsend, Henry Elmer,	*Boston,*	Harv. Med. School.
Treadwell, J. B., M.D.		
Tuck, Henry, A.B.	*Boston,*	Mass. Gen. Hospital.
Tucker, James Ioannas, Jr.	*Boston,*	J. Ayer, L. R. Sheldon, J. A. Lamson.
Vail, William Edwin,	*Sussex Vale, N. B.*	E. A. Vail.
Venables, James, Jr.	*Halifax, N. S.*	D. McN. Parker.
Vinal, Frank Thomas,	*Scituate,*	Harv. Med. School.
Walker, Aaron, A.M. (Amh. Coll.)	*Lowell,*	D. Holt.
Ware, Frederic, A.B.	*Cambridge,*	Harv. Med. School.
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Warren, Rev. Henry W.	*Cambridge.*	
Waterman, Thomas, Jr. A.B.	*Boston,*	J. Wyman, Harv. Med. School.
Webb, Edgar,	*Boston.*	
Webster, John Calvin, A.B. (Dart. Coll.)	*Wheaton, Ill.*	W. D. Buck, L. B. How.
Webster, John Ordway,	*Augusta, Me.*	G. E. Brickett.
Wells, Frank, A.B.	*Boston,*	Harv. Med. School.
Werner, Julius Dominick,	*Boston,*	Harv. Med. School.
West, John,	*Francestown, N. H.*	C. M. Fiske, D. F. Frye.
Wheeler, Leonard, A.B.	*Lincoln,*	Harv. Med. School.
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White, Robert, Jr.	*Boston,*	Robert White.

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Williams, Edward Tufts, A.B.	*Brookline,*	Harv. Med. School.
Willis, John W., M.D.		
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Woodman, Aurin Payson,	*Amesbury,*	A. I. Fenn.
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